

WILTSHIRE COUNTY COUNCIL

Annual Report

of the

Principal School Medical Officer

Being the statutory report required to be made by the Principal School Medical Officer under
the School Health Service and Handicapped Pupils Regulations, 1953

FOR THE YEAR

1955



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Foreword

1955 WAS another year of good health for Wiltshire school children, although the proportion of those medically examined who were recommended for treatment was higher than for the previous three years. Much of this increase was accounted for by children being referred for remedial treatment for minor orthopaedic defects instead of being kept under observation, and by the fuller use made of speech therapy.

The incidence of the more important infectious diseases was low, except for measles, which during the seven years since it became notifiable has followed in Wiltshire its traditional high incidence in alternate years.

There are signs that the shortage of places in special schools for handicapped children is being overcome in the Country as a whole, but there are still too few places for the educationally sub-normal and a residential special school for educationally sub-normal girls in Wiltshire remains an urgent need. More provision appears to be needed also for physically handicapped children, especially those with the more serious defects.

For the first time the annual report of the Principal Borough School Medical Officer for the Excepted District of Swindon is printed with my report. Its inclusion enables a more comprehensive view of the school health service in the County to be obtained and complies with the Regulations; I am indebted to Dr. J. Urquhart for his report.

I wish to thank the members of the staff of the school health service for their efficiency and enthusiasm and warmly to acknowledge the help and co-operation of the Director of Education and of the teachers and the administrative staff of the Education Department.

C. D. L. LYCETT,

Principal School Medical Officer.

County Hall,

TROWBRIDGE,

June, 1956.

Staff

Principal School Medical Officer and County Medical Officer of Health:—

C. D. L. Lycett, M.D., B.S., D.P.H.

Deputy Principal School Medical Officer and Deputy County Medical Officer of Health:—

Agnes L. Semple, M.B., Ch.B., D.P.H. (Retired 8/1/55).

J. H. Whittles, M.D., B.S., B.Sc., D.P.H. (Commenced 28/1/55).

Senior Medical Officer:—

D. L. Johnson, M.R.C.S., L.R.C.P., D.P.H.

Principal Borough School Medical Officer, Medical Officer of Health and Area Medical Officer for Swindon:—

J. Urquhart, M.B., Ch.B., D.P.H.

School Medical Officers:—

C. L. Broomhead, M.D., B.Ch., B.A.O., D.P.H. (Also Medical Officer of Health Calne Borough, Chippenham Borough, Malmesbury Borough, Calne and Chippenham Rural District, Malmesbury Rural District.)

R. MacKay, M.D., Ch.B., D.P.H. (Also Medical Officer of Health Marlborough Borough, Marlborough and Ramsbury Rural District, Pewsey Rural District, Amesbury Rural District.)

R. S. McElroy, M.B., B.Ch., B.A.O., D.P.H., D.T.M. (Also Medical Officer of Health Highworth Rural District, Cricklade and Wootton Bassett Rural District.)

Jean Murray, M.B., Ch.B., D.P.H. (Also Medical Officer of Health Trowbridge Urban District, Bradford-on-Avon Urban District.)

R. Bruce Killoh, M.B., Ch.B., D.P.H. (Also Medical Officer of Health Melksham Urban District, Bradford-on-Avon and Melksham Rural District.)

J. Reynolds, M.C., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (Also Medical Officer of Health Warminster Urban District, Westbury Urban District, Warminster and Westbury Rural District.)

E. M. Wright, M.A., B.M., B.Ch., D.P.H. (Also Medical Officer of Health Salisbury City.)

F. J. G. Lishman, M.D., B.S., D.P.H. (Also Medical Officer of Health Wilton Borough, Salisbury and Wilton Rural District, Mere and Tisbury Rural District.)

H. Margaret Hammond, M.B., Ch.B.

Ethel M. Voigt, M.B., B.Ch., B.A.O. (Commenced 28/2/55).

Assistance in respect of school medical inspection has been given by Drs. Norah D. Pinkerton, Olga Nietupska, and Margaret Eames.

Psychiatrist (Part-Time):—

K. C. P. Smith, M.R.C.S., L.R.C.P., D.P.M.

Principal School Dental Officer:—

W. H. Liebow, L.D.S.

School Dental Officers:—

S. H. Brenan, L.D.S.
 H. H. Greenhalgh, L.D.S.
 E. C. Humphreys, L.D.S.
 F. Lake, L.D.S.
 R. S. McMinn, L.D.S.
 E. H. Randerson, L.D.S.
 J. S. MacLachlan, L.D.S.
 A. T. Craig, L.D.S.
 A. V. Yates (Transferred to Swindon 1/2/55).

Lay Administrative Assistant:—

C. A. Horton.

Remedial Instructresses:—

Mrs. C. Hett.
 Miss D. M. Jones.
 Mrs. E. M. Blakeney (Part-time).
 Mrs. N. M. Sharman (Part-time).

Speech Therapists:—

Miss R. Ford.
 Miss A. Montgomery.

Social Workers:—

Miss V. N. Goldfinch.
 Mrs. N. A. Varga.

School Nursing Staff:—

There are three whole-time school nurses and 15 health visitor/school nurses; 55 district nurses also devote part of their time to the work of the school health service. In the aggregate this is equivalent to the services of 12 whole-time nurses.

The number of medical officers engaged in the clinical work of the school health service outside the Borough of Swindon was increased from nine to ten by the appointment in February of Dr. E. M. Voigt as a whole-time assistant county medical officer. Eight of the medical officers are also district medical officers of health.

Whilst this additional appointment reduced the need to employ part-time medical assistance, some help was still necessary, and the time given to the school health service was estimated to be equivalent to that of three-and-a-half whole-time officers, as was the case in 1954.

The establishment of dental officers, remained one Chief Dental Officer and ten dental officers. One post at Salisbury was vacant throughout the year, and Mr. Yates transferred to Swindon in February; a successor had not been appointed by the end of the year.

The establishment of clerical staff remained unchanged.

School Population

At the beginning of 1956, the numbers of children attending maintained schools were as follows:—

							<i>Number of Schools.</i>	<i>Number on Roll.</i>
Primary	...	...	...	...	...	...	299	31,521
Secondary Modern	...	...	...	...	...	...	23	8,679
Technical	...	...	...	...	...	...	2	243
Grammar	...	...	...	...	...	...	10	3,740
Special School for E.S.N. Boys	...	...	...	...	...	...	1	60
Hospital Special School	...	...	...	...	...	...	1	39
							<hr/> 336 <hr/>	<hr/> 44,282 <hr/>
Excepted District of Swindon:								
Primary	...	...	...	...	...	...	27	7,992
Secondary Modern	...	...	...	...	...	...	7	2,945
Technical	...	...	...	...	...	...	None	—
Grammar	...	...	...	...	...	...	2	1,321
Special Day School for E.S.N. pupils	...	...	...	...	...	...	1	73
							<hr/> 37 <hr/>	<hr/> 12,331 <hr/>

These figures show a further rise of 1,151 in the school population. This trend has continued over the past nine years and is expected to do so at least until 1959. The numbers on the rolls of maintained schools outside the Borough of Swindon for each of the years from 1947 onwards are given below:—

Year	1947	...	...	...	...	32,584
	1948	...	...	...	...	35,062
	1949	...	...	...	...	36,119
	1950	...	...	...	...	37,098
	1951	...	...	...	...	38,098
	1952	...	...	...	...	40,500
	1953	...	...	...	...	41,939
	1954	...	...	...	...	43,031
	1955	...	...	...	...	44,282

Medical Inspection and Treatment

The following table shows the groups in which children were examined during 1955, the numbers examined in each group, and the number of parents who attended. The figures in brackets are those for 1954.

<i>Group</i>	<i>No. of Children</i>		<i>Parents present</i>			
	<i>Examined.</i>		<i>Number</i>		<i>Percentage.</i>	
Entrants	4,037	(4,771)	3,706	(4,273)	91.8	(89.6)
Second age group (Pupils in their last year at a primary school)	3,417	(4,017)	2,722	(3,120)	79.7	(77.4)
Third age group (Pupils in their last year at a secondary modern or grammar school)	2,154	(2,473)	560	(683)	25.9	(27.6)
Other periodic inspections (Pupils admitted to grammar schools from private schools and those from maintained schools who missed examination in the second age group)	501	(373)	270	(167)	53.9	(44.8)
	10,109 (11,634)		7,258 (8,223)		251.3 (239.4)	
Special Inspections	315	(375)				

Children found at their examination in the age groups to need treatment or further observation are seen again by the school medical officer approximately six months later and thereafter annually if necessary. During 1955, 10,547 re-inspections were made.

The total number of children due to be examined in the periodic age groups at the schools which the medical officers visited was, according to the prior returns made by the head teachers, 11,031. The number actually examined was 922 less than this total, or 91.7 per cent. Not all of these children were absentees as, during the interval between the receipt of the returns and the medical officers' visits, a number of children invariably move away. Other children move in, but unless they are in the age groups for inspection, they are not put forward for examination. Without keeping day-to-day records of such movements, it is impossible to assess the absence rate accurately, but it is less than the average rate of absence from schools throughout the County. The attendance at medical inspections was 91.7 per cent, compared with an average school attendance of 90.4 per cent.

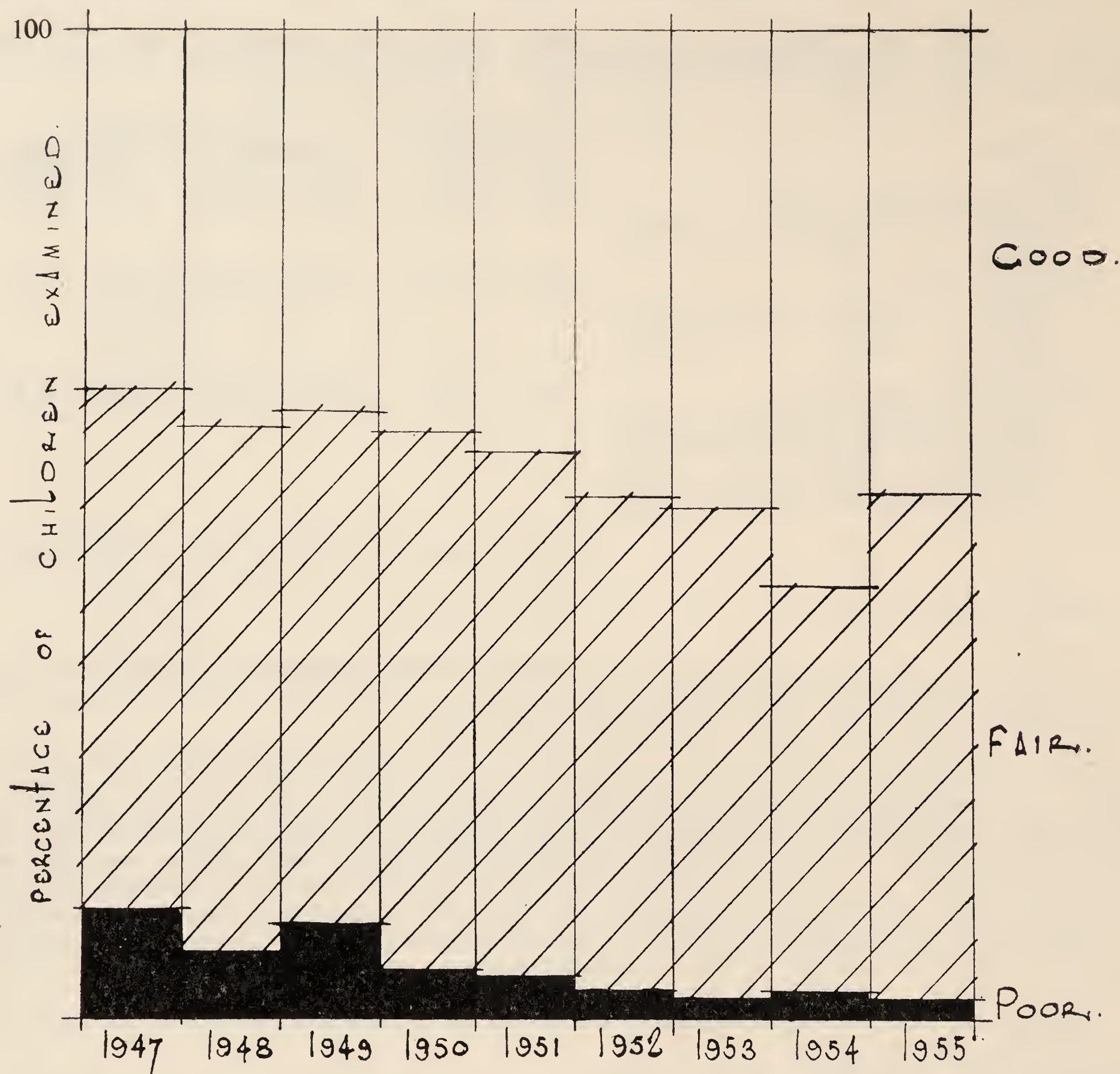
Children who miss medical examination in their age groups are brought forward for examination the following year.

FINDINGS OF MEDICAL INSPECTION

The classification of the general health of the children examined during 1955 in each of the four periodic age groups is given in the following table:—

Age Groups Inspected.	Number pupils inspected.	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
Entrants	4,037	1,743	43.17	2,188	54.19	106	2.64
Second age group	3,417	1,610	47.12	1,757	51.41	50	1.47
Third age group	2,154	1,159	53.81	943	43.78	52	2.41
Additional periodics	501	231	46.12	263	52.49	7	1.39
TOTAL	10,109	4,743	46.92	5,151	50.95	215	2.13

The categories "Good," "Fair," and "Poor," have been used since 1947 and the following graph illustrates the variations in the findings from year to year.



The numbers of individual children found at periodic medical inspections to require treatment are recorded in the table below. (The figures in brackets relate to the year 1954.)

Group. (1)	For defective vision (excluding squint) (2)		For any of the other conditions. (3)		Total individual pupils. (4)	
Entrants	114	(87)	1,173	(1,173)	1,175	(1,186)
Second age group	225	(282)	843	(860)	952	(1,012)
Third age group	216	(234)	440	(342)	569	(492)
TOTAL (prescribed groups)	555	(603)	2,456	(2,375)	2,696	(2,690)
Other periodic inspections	66	(26)	96	(68)	144	(80)
GRAND TOTAL	621	(629)	2,552	(2,443)	2,840	(2,770)

The total of 2,840 children requiring treatment is 28.1 per cent of those examined and is the highest proportion recorded since 1951. The following table shows the percentages of children referred for treatment during the past five years. More children are found to need treatment for defective vision than any other cause and the figures are given in two columns—the first including all defects and the second, in brackets, excluding defective vision.

	1951	1952	1953	1954	1955
Entrants	42.9 (39.8)	24.6 (23.0)	25.8 (23.8)	24.9 (23.1)	29.1 (29.0)
2nd age group	33.9 (28.1)	30.9 (26.3)	28.8 (21.7)	25.2 (18.2)	27.9 (24.7)
3rd age group	24.3 (16.7)	21.9 (14.1)	21.5 (13.3)	19.9 (10.5)	26.4 (20.4)
Other periodic inspections	34.7 (22.8)	33.1 (23.6)	27.2 (20.5)	21.4 (14.4)	28.7 (19.0)
All inspections	34.7 (30.9)	24.5 (23.7)	25.7 (21.0)	23.8 (20.9)	28.1 (25.2)

The conditions for which children were referred for treatment or noted for further observation are set out in the following table: The figures in brackets relate to the year 1954.

Defect. Code No.	Defect or Disease. (1)	Periodic Inspection.		Special Inspection.	
		No. of Defects.		No. of Defects.	
		Requiring treatment. (2)	Requiring to be kept under observation, but not requiring treatment. (3)	Requiring treatment. (4)	Requiring to be kept under observation, but not requiring treatment. (5)
4.	Skin	242 (209)	162 (152)	8 (4)	1 (1)
5.	Eyes—(a) Vision	621 (629)	300 (304)	24 (40)	4 (6)
	(b) Squint	129 (140)	66 (71)	7 (6)	5 (1)
	(c) Other... ..	59 (46)	44 (44)	3 (1)	— (1)
6.	Ears—(a) Hearing	69 (89)	107 (77)	6 (8)	1 (4)
	(b) Otitis Media	47 (44)	111 (86)	2 (—)	1 (—)
	(c) Other	29 (31)	36 (35)	2 (—)	1 (—)
7.	Nose or Throat... ..	280 (370)	955 (1021)	9 (24)	25 (9)
8.	Speech	70 (43)	135 (109)	6 (3)	2 (3)
9.	Cervical Glands... ..	22 (40)	565 (474)	1 (5)	14 (1)
10.	Heart and Circulation	49 (46)	108 (126)	4 (5)	4 (3)
11.	Lungs	56 (62)	153 (155)	3 (3)	6 (1)
12.	Developmental—				
	(a) Hernia	14 (18)	32 (32)	1 (—)	2 (—)
	(b) Other	28 (36)	203 (274)	1 (—)	3 (4)
13.	Orthopaedic—				
	(a) Posture	372 (391)	109 (155)	11 (5)	— (1)
	(b) Flat foot	281 (349)	69 (166)	2 (5)	— (1)
	(c) Other	595 (495)	264 (386)	21 (7)	— (5)
14.	Nervous system—				
	(a) Epilepsy	18 (7)	25 (14)	— (1)	— (—)
	(b) Other	17 (15)	17 (31)	2 (1)	4 (1)
15.	Psychological—				
	(a) Development	25 (48)	116 (100)	6 (8)	5 (9)
	(b) Stability	29 (49)	186 (155)	4 (3)	12 (—)
16.	Other	190 (194)	215 (178)	15 (12)	7 (2)

CLEANLINESS

The following is a summary of the results of hygiene inspections made by the school nurses during 1955:—

(i)	Total number of examinations in the schools by school nurses	...	128,494
(ii)	Total number of individual pupils found to be infested	...	366
(iii)	Number of pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	...	91
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	...	Nil

These figures show an improvement on those for 1954, only 0.8 per cent of the school population (366 children) being found to need attention because of nits or lice, compared with 1.9 per cent. As will be seen from the following table, the figures vary from year to year but, except in 1949 when the proportion rose to 5.4 per cent, the standard of cleanliness has shown a steady improvement over the past nine years. The relapse in 1949 resulted mainly from shortage of school nursing staff because of sickness and resignations.

It was found necessary to issue cleansing notices, which involved exclusion from school for short periods, in respect of only 91 children, or 25 per cent of those found to be infested.

	1947	1948	1949	1950	1951	1952	1953	1954	1955
Children found to be infested	1,229	1,182	1,949	1,137	944	805	822	831	366
Percentage of school population	3.8	3.4	5.4	3.1	2.2	1.9	1.9	1.9	0.8
Cleansing notices issued	263	287	239	142	217	172	193	146	91

SKIN CONDITIONS

Three hundred and ninety eight children with skin conditions which had been noted by the medical officers at school inspections and referred to the nurses for follow up, or which the nurses themselves had found at their routine inspections, were treated during the year. One hundred and seventy eight of these children were treated in the minor ailment clinics, 99 by the school nurses and 121 by family doctors. The total was 140 fewer than in 1954, and the numbers treated during the past five years are recorded in the following table:—

	1951	1952	1953	1954	1955
Scabies	17	7	6	21	13
Impetigo	73	97	118	178	129
Ringworm: body	41	29	22	32	22
scalp	19	4	5	2	4
Other skin conditions	127	208	196	305	230
	<u>277</u>	<u>345</u>	<u>347</u>	<u>538</u>	<u>398</u>

The variations from year to year are not very significant and the number of children treated has been less than one per cent of the total school population, except in 1954, when it rose to 1.2 per cent. The cases were sporadic and there was no serious outbreak at any one school.

Other Examinations

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

By-laws made under Part II of the Children and Young Persons Act, 1933, permit of children over the age of 13 being employed in specified occupations before and after school hours for limited periods, provided a certificate is given by the school medical officer that such employment will not be prejudicial to their health or physical development or render them unfit to obtain proper benefit from schooling.

Two hundred and eighty-one such certificates were given, compared with 262 in 1954. Most of the children were employed in the delivery of newspapers.

Only three children were unfit for employment.

CHILDREN IN CARE

Although the functions under the Children Act are not the responsibility of the Education Authority the quarterly visits to the Children's homes which the Regulations require are undertaken by the school medical officers as the majority of the children in the homes are of school age. As they also see the children at school inspections continuity both of supervision and of records can thus be maintained.

The medical officers also undertake the annual examination of boarded-out children of school age at their yearly visits to the schools, and during 1955 examined 93 such children.

MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE MEDICAL PROFESSION

One hundred and two entrants to teachers' training colleges were examined and 23 direct entrants to teaching. The latter group also had chest x-rays. In 1954 the numbers were almost identical—102 and 22 respectively.

Those entering teaching posts direct from training colleges are examined by the college medical officers and have chest x-rays on completion of their courses of training.

Special Forms of Diagnosis and Treatment

A list of the centres at which treatment or examination are provided directly by the Education Authority and of those at which consultants attend under arrangements with the regional hospital boards, is given as an appendix to this report.

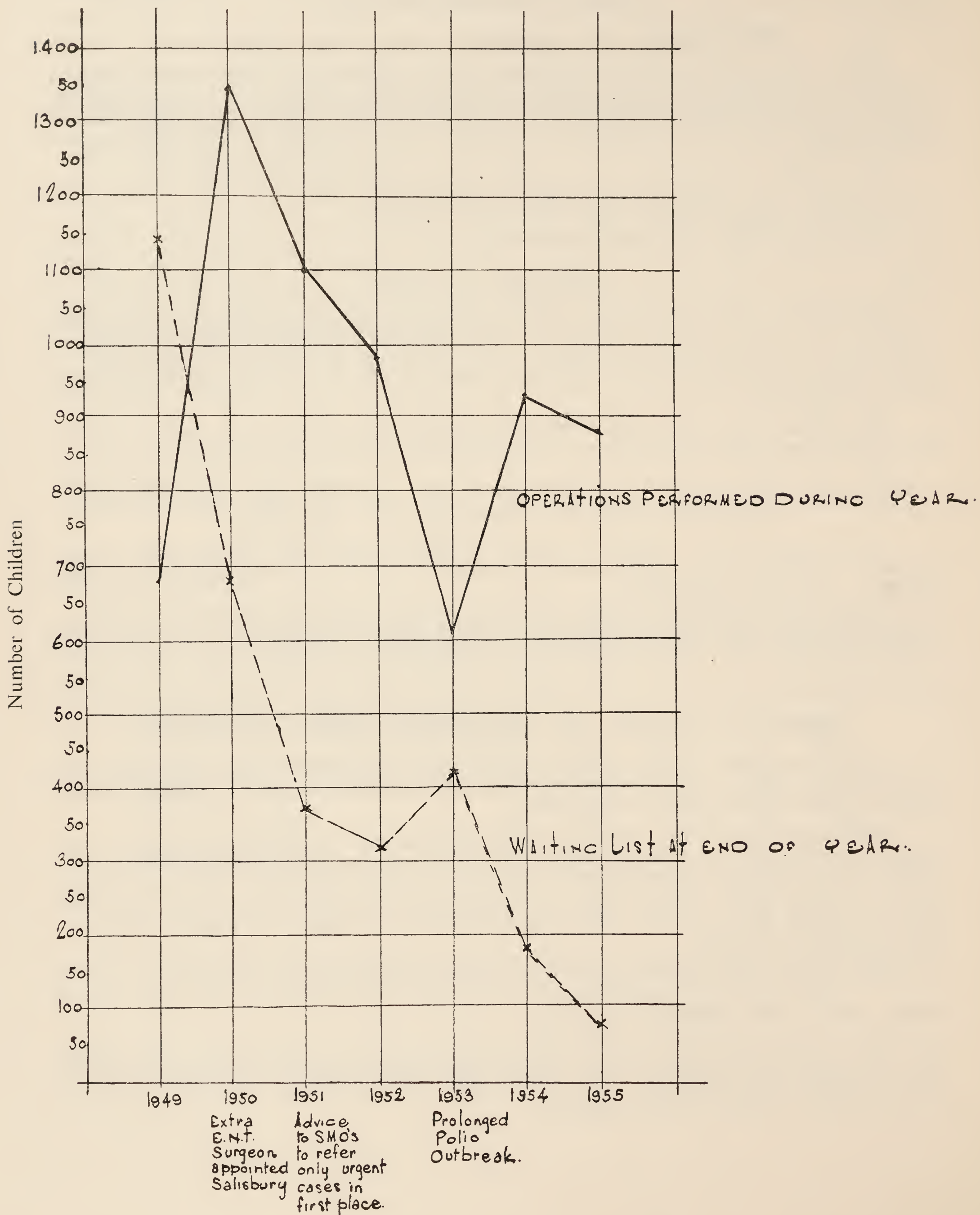
While clinical records are available in the health department for all children referred to these clinics and to hospitals for treatment, reports are still not sent regularly by all hospitals for other children who have been discharged from in-patient or out-patient treatment. There has, however, been some improvement in this respect and it is hoped that eventually such discharge reports will become available for all children. The relationship with the hospitals and general practitioners has continued to be good.

Brief details of the treatment given under these arrangements are as follows:—

EAR, NOSE AND THROAT CLINICS

The ear, nose and throat clinics continued throughout the year with very little change. The most interesting feature was the virtual disappearance by the end of the year of waiting lists of children for examination at the various clinics and the further considerable reduction in the number of those awaiting operation.

The following graph shows the fall in the operation waiting list since 1949 in relation to the number of children who had ear, nose and throat operations of all kinds. Of these an average of 98% were for the removal of tonsils and adenoids.



The very high waiting list in 1949 was largely due to an accumulation of patients in the Salisbury area and this was reduced in 1950 following the appointment of an additional E.N.T. Specialist there. The reduction in the waiting list also reflected the large number of operations performed during that year. In January, 1951, a letter was received from the Ministry of Education advising that to assist in reducing tonsil and adenoid operation waiting lists medical officers should only refer at once to specialists those children who appeared to be in urgent need of treatment and should keep all others under observation for at least three months before asking for a surgeon's opinion on the need for operation. In addition it was suggested that children who were awaiting operation should be periodically reviewed by the school medical staff so that consideration could be given, not only to the possibility of early admission of patients whose need of operation had become urgent, but also to the removal from the waiting list of any who appeared to have improved.

This policy has been followed and has no doubt had its effect in bringing about the steady reduction in the operation waiting list which was only interrupted in 1953 as a result of the suspension of nose and throat operations during parts of the summer and autumn in most areas of Wiltshire.

The tables below show work done during 1955 and the numbers on the waiting lists on the 31st December. Last year's figures are given in brackets for comparison:—

Clinic.	Children Examined.	Operations Performed.					Otherwise Treated.	
		Nose and Throat.			Ear.		Nose and Throat.	Ear.
		T. & A.	Other (without T. & A.).	Other (in addition to T. & A.).	Mastoid.	Other.		
Bath ...	5 (15)	3 (2)	— (—)	— (—)	— (—)	— (—)	— (2)	1 (2)
Chippenham ...	74 (108)	18 (67)	3 (10)	3 (4)	— (1)	— (—)	8 (10)	— (—)
Corsham ...	102 (120)	36 (66)	— (5)	6 (4)	— (—)	— (—)	13 (29)	— (3)
Devizes ...	61 (75)	15 (20)	5 (3)	5 (3)	— (—)	2 (—)	— (5)	1 (1)
Malmesbury	14 (20)	7 (6)	— (1)	1 (1)	— (—)	— (—)	— (4)	— (—)
Melksham ...	29 (12)	9 (2)	— (1)	1 (1)	— (1)	— (—)	2 (1)	— (1)
Salisbury ...	399 (563)	506 (489)	31 (54)	21 (32)	3 (7)	5 (1)	71 (57)	2 (16)
Savernake ...	12 (27)	5 (14)	— (2)	— (1)	— (—)	— (—)	— (2)	1 (1)
Shaftesbury ...	11 (9)	4 (2)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
Swindon ...	64 (50)	38 (34)	1 (2)	4 (1)	1 (—)	— (—)	7 (1)	— (1)
Trowbridge ...	325 (332)	148 (119)	17 (18)	96 (15)	2 (1)	40* (3)	22 (51)	1 (5)
Warminster ...	18 (—)	5 (—)	— (—)	— (—)	— (—)	— (—)	2 (—)	1 (—)
Westbury ...	34 (6)	13 (—)	— (2)	2 (1)	— (—)	— (—)	1 (—)	— (—)
TOTALS ...	1148 (1337)	807 (821)	57 (98)	140 (63)	6 (10)	47* (4)	126 (162)	7 (30)

*37 of these had T. & A. operations at the same time.

E.N.T. CLINIC WAITING LIST as at 31st DECEMBER, 1955:—

Chippenham	...	...	...	...	...	...	3	(0)
Corsham	...	...	...	...	...	...	0	(4)
Devizes	...	...	...	...	...	...	0	(5)
Malmesbury	...	...	...	...	...	...	6	(0)
Melksham	...	...	...	...	...	...	1	(19)
Salisbury	...	...	...	...	...	...	7	(3)
Savernake	...	...	...	...	...	...	3	(1)
Shaftesbury	...	...	...	...	...	...	0	(0)
Swindon	...	...	...	...	...	...	0	(15)
Trowbridge	...	...	...	...	...	...	1	(54)
TOTAL							21	(101)

E.N.T. HOSPITAL WAITING LIST as at 31st DECEMBER, 1955:—

Bath Royal United Hospital (and St. Martin's Hospital)	...	...	...	...	...	...	3	(10)
Bath Ear, Nose and Throat Hospital	...	...	...	...	...	...	15	(17)
Chippenham Hospital	...	...	...	...	...	...	8	(2)
Devizes Hospital	...	...	...	...	...	...	16	(13)
Melksham Hospital	...	...	...	...	...	...	3	(9)
Salisbury (Odstock) Hospital	...	...	...	...	...	...	22	(99)
Savernake Hospital	...	...	...	...	...	...	1	(0)
Shaftesbury	...	...	...	...	...	...	3	(0)
Swindon Victoria Hospital	...	...	...	...	...	...	1	(19)
Trowbridge Hospital	...	...	...	...	...	...	0	(3)
Warminster Hospital	...	...	...	...	...	...	1	(5)
Westbury Hospital	...	...	...	...	...	...	5	(6)
TOTAL							78	(183)

HEART CLINICS

The heart clinics in Wiltshire started in 1928 as part of a three year investigation which was conducted jointly with the Counties of Somerset and Gloucester, and the Cities of Bristol and Bath under the auspices of the British Medical Association and the Medical Research Council. The purpose was to throw some light on the causes of rheumatic heart disease by an investigation of home conditions of children with heart disease. Three part-time physicians, Dr. Vincent Coates, Dr. C. E. K. Herapath and Dr. R. C. Monnington were appointed for this County and they held clinics in different centres.

When the investigation ended in 1931 the then School Medical Officer, the late Dr. C. E. Tangye, reported that the researches had not achieved much definite knowledge although it was suggested that of the children found to have heart disease a higher proportion of those in whom the condition was rheumatic came from homes which were damp, overcrowded, in low lying situations or in which there were straightened family circumstances. The specialist clinic facilities which had been part of the investigation had proved of such value that it was decided to continue them as part of the school medical service, as it was then called. In particular the clinics were of value in the establishment of diagnoses of doubtful cases, in deciding the mode of life at home and at school which was appropriate for each child and as a means of reassuring children who had symptoms suggesting heart disease but who were found to have no organic disease. Some such children who had previously been labelled "heart cases" were thus released from what might have been a life time of restriction and apprehension.

The clinics continued on the same basis until the commencement of the National Health Service, apart from changes in the specialists. Dr. Vincent Coates died in 1931 and his clinics in the northern and central areas of the County were taken over by Dr. Herapath. In 1937 Dr. F. G. Thomson replaced Dr. Herapath and on his death in 1940 was succeeded by Dr. L. C. Hill. Dr. Hill served with the forces from 1940 to 1945 and Dr. P. W. McKeag undertook the work during his absence. In the meantime Dr. Monnington, who had been the physician for the Salisbury clinics, had relinquished his appointment and was succeeded in 1946 by Dr. R. G. M. Longridge.

With the commencement of the National Health Service in 1948 the Regional Hospital Boards became responsible for the provision of specialist facilities and by arrangement with the South Western and the South West Metropolitan Regional Hospital Boards respectively, Dr. Hill and Dr. Longridge have continued special clinics for school children in the central and southern parts of Wiltshire. The Oxford Regional Hospital Board appointed Dr. H. L. Ellis, the physician for the clinics at Swindon and Savernake. At these centres the patients are not sufficiently numerous for special clinics to be held but they are seen with other hospital out-patients, special days being set aside for this purpose at Swindon.

The basis of working and the purpose of the clinics have changed very little except that since more heart conditions have become amenable to surgery since the war, a further reason has been added to those for which the clinics were considered valuable; they now also provide centres for preliminary investigations for the selection of suitable patients for surgery. Children who may be helped by a surgical operation are referred to cardiac centres for the further investigation in hospitals which is necessary in many instances before a definite decision to operate can be made. In this way a number of children who have passed through the clinics have had their expectation and enjoyment of life increased.

The following table shows the number of attendances at the various centres during 1955:—

	<i>Salisbury</i>	<i>Trowbridge</i>	<i>Corsham</i>	<i>Swindon</i>	<i>Savernake</i>	<i>Total</i>
New patients ...	23	22	4	8	1	58
Old patients ...	24	41	26	0	0	91
Total attendances ...	65	67	32	8	1	173

The diagnoses of the new patients may be divided into the following groups:—

Congenital heart disease ...	...	...	14
Acquired heart disease ...	...	...	6
No organic disease ...	...	...	26
Diagnosis not yet established ...	...	...	5
			—
			51
			—

Two of the new patients were found to have congenital heart diseases for which operative treatment may be possible and were recommended for further investigation in hospital. The parent of one, however, has not agreed to these investigations being carried out.

In a recent report of a Working Party set up by the British Council for Rehabilitation, it was recommended that each child in whom an abnormal physical sign had been detected during examination of the heart should be referred to the Principal School Medical Officer with a view to examination by a physician specially trained in cardiology. It seems undesirable, however, to refer every such child to a specialist as in some cases the School Medical Officer can decide that the physical signs are of no significance and so avoid making reference to the matter at all or can give immediate reassurance if the anxiety already exists.

ORTHOPAEDIC TREATMENT

One thousand two hundred and eighty two children, or 12.4 per cent of those examined at periodic school inspections were found to need treatment for orthopaedic conditions, compared with 10.4 per cent in 1954. These defects were recorded under three main heads as follows:—

Defects of posture	383 or 3.7 per cent out of those examined.
Flat foot	283 or 2.7 per cent out of those examined.
Other conditions	616 or 5.9 per cent out of those examined.

The comparable figures for 1954 were 3.3, 2.9 and 4.2 per cent.

Children with the more severe conditions are referred to the orthopaedic clinics for advice, but many of the children who have defective posture or flat foot are referred by the medical officers to the remedial exercise instructresses on the County staff for treatment. Brief details of the work carried out in this way are as follows:—

(a) Orthopaedic Clinics and Hospital Treatment

A list of the orthopaedic clinics is given in the table on page 48. Three hundred and eighty three children were referred to these clinics for the first time during 1955. In addition, 817 children remained under observation at the clinics and a total of 2,407 attendances was made. The comparable figures for 1954 were—new patients 420, existing patients 856, attendances 2,820.

One hundred and forty eight children received in-patient treatment at the Bath and Wessex Orthopaedic Hospital and 30 at the Lord Mayor Treloar Orthopaedic Hospital, Alton.

(b) Remedial Exercise Classes

There are two whole-time remedial instructresses—Mrs. Hett and Miss Jones—each of whom is responsible for the work in approximately half of the County excluding the Borough of Swindon, with part-time assistance from Mrs. Blakeney at Trowbridge and Calne, and from Mrs. Sharman at Wilton. Whenever practicable the clinics are held at the schools but are sometimes conducted with difficulty owing to lack of space. At 19 centres outside accommodation has to be hired.

Details of the number of schools visited and children treated during the year are given in the following table:—

	Total.	Mrs. Hett.	Miss Jones.	Mrs. Blakeney.	Mrs. Sharman.	P.E. Teachers.
(a) Number of schools visited including those where P.E. teachers conducted the classes	249	89	127	18	2	13
(b) Number of children treated	2,422	963	857	271	42	289
(c) Number of children discharged during the year (including under (b)) ...	627	327	208	83	9	—

The remedial instructresses report as follows:—

The frequency of visits to the schools is determined by the number of children needing exercises, the seriousness of their defects and the accommodation available. Of the 263 schools at which there are children for whom remedial exercises have been advised it has been impossible to arrange classes at 14 whilst at 170 only one to three visits a term have been practicable. Fortnightly classes are held by the remedial instructresses at 64 schools and at two there are weekly classes. At 13 schools the classes are conducted by the physical education teachers on the school staffs.

Parents are invited to attend when possible so that they can help their children with daily practice at home. The response is good on the whole but there are many mothers who are always out at work and cannot attend. The defects treated were mainly as follows:—

valgus ankles.	...	...	...	...	...	...	...	1039
knock knees.	...	...	...	...	...	...	...	453
club and varus feet	...	...	...	...	...	...	...	5
curling and overlapping toes.	...	...	...	...	...	...	...	84
early hallux valgus.	...	...	...	...	...	...	...	28
slack posture.								1110

(i.e. juvenile kyphosis, scoliosis and lordosis.)

Children are also referred from the ear, nose and throat clinics for deep breathing exercises for asthma and nasal obstruction and by the heart specialists for general physical improvement. Forty-seven children were referred in this way.

EYE CLINICS

Six hundred and forty five of the children examined during the year by the medical officers at school inspections had defective vision and were referred to the eye clinics, as well as 136 children with squint and 62 with other eye conditions. The total of 843 children was 8.09 per cent of those examined. This proportion has varied between 6.3 per cent and 8.9 per cent during the past nine years. The variations are, however, of little significance.

The school nurses continued to test the vision of eight-year-old children, but owing to other demands upon their time, it is not yet possible to extend this to all schools. Seventy five per cent of the school nurses undertake sight testing and during 1955 approximately 60 per cent of the eight-year-old group were tested. One hundred and ninety two schools were visited, with the following results:—

Number of children tested	...	...	...	...	3,150	(3,267)
Number found to have normal vision	...	...	...	...	2,744	(2,667)
Number found to have slight defects and noted for re-testing at the medical officer's next visit to the schools					265	(431)
Number referred to the eye clinics	...	...	...	...	141	(169)

The total number of children referred to the eye clinics was thus 984. Parents have, of course, the option of obtaining advice about their children's eyes through the general provisions of the National Health Service, but the majority accepted the offer of examination at the school eye clinics. The numbers including children referred for the first time as well as those coming up for refraction again, were:—

Eye conditions other than errors of refraction and squint		43	(34)
Errors of refraction and squint	...	1,715	(1,734)
Number of children for whom glasses were prescribed		1,354	(1,387)
Number of children who obtained glasses	...	1,207	(1,218)
Total attendances of children	...	4,063	(4,364)

(The figures in brackets are those for 1954)

Orthoptic treatment for squint is available at the clinics at Salisbury and Swindon and at the Bath Eye Infirmary. Eighteen children referred from the school eye clinics were operated on for this condition during the year. One operation for detached retina was performed.

At Salisbury, Mr. A. J. Ogg was appointed as the Consultant in place of Dr. Martin-Jones, who unfortunately died suddenly in July. He had conducted the school eye clinics since September, 1946, and I would like to express my appreciation of the help which he always gave so readily.

At the end of the year, the waiting period for the clinics at Salisbury and Swindon was eight and seven weeks respectively; a year previously it was seven and twelve weeks. At Salisbury arrangements have been made with the Hospital Management Committee for six additional sessions to be held. At the other centres waiting time is short. The waiting lists are, of course, made up of children who are due to come back to the clinics for review as well as of new cases. The latter are given priority, and seldom have to wait long.

CHIROPODY

The Education Authority has arrangements with six chiropodists in private practice at Chippenham, Devizes, Malmesbury, Melksham, Salisbury and Trowbridge for the treatment of schoolchildren referred to them through the school health service. At Swindon, however, treatment is available through the National Health Service for children referred in this way.

During 1955 treatment was provided for 76 children compared with 72 in 1954. The following is an analysis of these cases:—

Veruccae	...	...	...	...	...	...	...	66
Deformed toe nail	...	...	...	...	...	...	...	1
Callosity	...	...	...	...	...	...	...	1
Corns	...	...	...	...	...	...	...	8
								<hr/> 76

The incidence of veruccae or plantar warts was 6.3 per 1,000 Wiltshire schoolchildren examined during 1955. There are no national figures for comparison.

Child Guidance

The following is the report of Dr. K. C. P. Smith, Consultant Psychiatrist:

The child guidance team during 1955 has consisted of:—

Dr. K. C. P. Smith, Consultant Psychiatrist.
 Mr. H. R. Melrose, Educational Psychologist.
 Mrs. N. Varga (*nee* Comber), Psychiatric Social Worker.
 Miss P. Scaife, Social Worker (left 28/2/55).
 Miss S. Heimler, Social Worker (from 3/2/55 to 30/9/55).
 Miss V. Goldfinch, Social Worker (started 1/9/55).

The following clerks have acted as secretaries to the team:

Miss J. C. M. Dalton.
 Mrs. M. Hardaker.

Centres

The child guidance sessions have been held at the following centres:—

- (1) The County Council Clinic, Fuller Avenue, Corsham, on the 2nd and 4th Tuesdays, all day, and on Friday afternoon. (This continued until the end of March).
- (2) The Youth Centre, 115 Castle Street, Salisbury, on the 1st, 3rd and 5th Tuesdays, all day. (This continued until the end of March, when it was changed to each alternate Tuesday).
- (3) The County Council Clinic, 81 Bath Road, Swindon, on every Thursday, all day.
- (4) Commencing after Easter, a clinic was held at the County Council Clinic, The Halve, Trowbridge, on every Monday, all day.

Case Load

The figures for 1955 very closely resemble the figures for the previous year, and it may be said that the work is in a state of satisfactory stable equilibrium.

148 children were referred to the Child Guidance Service in 1955, who were seen by the Psychiatrist and Educational Psychologist at the respective centres, and the homes were previously visited by the Social Worker.

(a)	Number of initial interviews with children and parents	...	...	...	148
(b)	Number of children brought forward to 1955 for further treatment	...	...	...	173
				Total	321
(c)	Number of children seen as a consultation only	...	...	...	13
(d)	Number of children seen regularly by Psychiatrist	...	...	...	308
(e)	Number of children discharged by Psychiatrist	...	...	...	129
(f)	Number of children carried forward to 1956 for further treatment	...	...	...	179
(g)	Total number of therapeutic interviews with children and parents by Psychiatrist	...	...	...	574

The distribution of the new 148 cases for 1955 as regards Centres was as follows:—

	1955	1954	1953	1952
Corsham ...	15	39	68	60
Trowbridge ...	37	—	—	—
Salisbury ...	41	47	63	52
Swindon ...	55	57	54	54

Referrals

The 148 children were referred in the first instance by:—

	1955	1954	1953	1952
Principal School Medical Officer	43	37	40	29
Principal Borough School Medical Officer, Swindon	38	16	41	36
Director of Education	1	5	8	2
County Children's Officer	6	11	10	17
County Head Teachers	18	23	32	23
Parents	6	8	16	15
General Medical Practitioners	25	24	20	30
Probation Officers	4	9	7	7
Medical Specialists	7	5	9	3
Miscellaneous	0	5	2	4

Children's Problems

The problems for which the 148 children were referred are summarised under the following classifications:—

	1955	1954	1953	1952
(1) <i>Nervous Disorders</i> ... (e.g. Fears, Seclusiveness, Depression, Excitability, Apathy or Obsessions)	24	17	15	12
(2) <i>Habit Disorders and Physical Symptoms</i> ... (e.g. Speech, Sleep, Movement, Feeding and Excretory Disorders, Nervous pains, Fits)	48	43	70	48
(3) <i>Behaviour Disorders</i> ... (e.g. Unmanageable, Temper, Aggressiveness, Jealousy, Demanding attention, Stealing, Lying, Truancy, Sex difficulties)	63	52	71	81

	1955	1954	1953	1952
(4) <i>Educational and Vocational Difficulties</i> 13 24 28 41 (e.g. Backwardness, Inability to concentrate, Special disabilities)				
(5) <i>Special Examination</i> 0 7 1 1 (e.g. Educational advice, Vocational guidance, Court examination)				

Social Workers

Miss Scaife left us on the 28th February to get married.

Miss Heimler, who came to us in a temporary capacity whilst Mrs. Varga was taking the Mental Health Course, started on the 3rd February and left at the end of September to proceed to Edinburgh University to undertake the Mental Health Certificate course.

Miss Goldfinch started on the 1st September, 1955, taking Miss Scaife's place.

As seen from the above, there have been changes in the Social Worker personnel, and it is very satisfactory to have a qualified Psychiatric Social Worker now on the staff, Mrs. Varga having returned in the Autumn from completing the Mental Health Certificate course at the London School of Economics, London University, taking the place of Miss S. Heimler, who was with us for the previous seven months.

Since starting with us, Mrs. Varga and Miss Goldfinch have divided the work of the County, as has been done in previous years, Mrs. Varga covering Swindon and the north, and Miss Goldfinch the south, with particular regard to the Salisbury area. Both social workers have carried out play observation at the different centres.

Details of duties carried out by the various social workers during the year are as follows:—

Miss Scaife—January to February, 1955.

Initial home visits	...	...	...	...	...	32
Follow up home visits	...	...	...	...	...	48
School visits	...	...	...	...	...	1
						—
Total number of visits	...	...	...	...	...	81
Play observation sessions with children at centres	...					27

Miss Heimler—February to September, 1955.

Initial home visits	...	...	...	...	...	67
Follow up home visits	...	...	...	...	...	105
Visits to Children's homes and institutions, etc.	...	...	...	...	...	14
						—
Total number of visits	...	...	...	...	...	186
Play observation sessions with children at centres	...					83

Miss Goldfinch—Started September, 1955.

Initial home visits	...	...	...	...	...	33
Follow up home visits	...	...	...	...	...	115
Visits to Schools, Children's Homes, etc.	...	...	...	...	...	14
						—
Total number of visits...	...	...	...	...	...	162
Play observation sessions with children at centres	...					68

Mrs. Varga—Started October, 1955.

Initial home visits	...	...	...	...	...	22
Follow up home visits	...	...	...	...	...	65
Visits to Moral Welfare Worker and Probation Officer	...	...	...	...	...	3
						—
Total number of visits	...	...	...	...	...	90
Play observation sessions with children at centres	...					58

General

The Consultant Psychiatrist attended Inter-Clinic conferences at Bristol and Taunton, and on the latter occasion gave the main address, a paper on constitution and the avocative environment. This was in accordance with this clinic's special interest in the constitutional make-up of different children, and the sociological conditions which act with a selective severity on predisposed individuals. This is somewhat in contrast to those clinics who are more especially interested in the psychological chain of events, as seen through various systems of theoretical thought. This meeting provoked a healthy diversity of opinion.

The change was made from the Corsham Clinic to The Halve, Trowbridge, for two main reasons. It appeared more central, and was more convenient for some cases who might have had to go to Salisbury, e.g., the Warminster area. Secondly, it enabled the Consultant Psychiatrist to make a weekly contact with the Medical Officer and his staff.

The Salisbury Clinic was considered by the Consultant Psychiatrist to have become increasingly unsuitable for the work because of dilapidation and the difficulty of heating in cold weather, and representations were made to the Medical Officer of Health. Attendances at that building ceased as from the end of the year, the building having been declared unsuitable for any use.

Miss Dalton generally attends at Salisbury, and Mrs. Hardaker at Swindon, whilst the Trowbridge secretarial work is dealt with in rota.

The child guidance team is grateful for the support and help it has received from Dr. Lycett, Dr. Urquhart and staff of the School Health Service.

Speech Therapy

The following is the joint report of the two speech therapists, Miss R. Ford and Miss D. Montgomery.

Speech Therapy clinics have been held regularly at thirteen centres in the county. Treatment has not, however, been as constant as in previous years, owing to changes of staff. This necessitated the closing of several clinics during the summer months and for some weeks after Miss Ford's appointment owing to difficulties of transport.

By mid-October all centres were once more in use, the programme of work at the end of the year being as follows:—

Miss Ford (Western District)

	a.m.	p.m.
Monday	Corsham	Melksham and Rowdeford School
Tuesday	Chippenham and Burton Hill House	Malmesbury Chippenham
Wednesday	Devizes	Trowbridge
Thursday	Visits and County Hall	Mere
Friday	Warminster	

Miss Montgomery (Eastern District)

Monday	Swindon	Swindon
Tuesday	Salisbury	Salisbury
Wednesday	Marlborough	Visits and County Hall
Thursday	Swindon	Swindon
Friday	Salisbury and Spastic Unit	Amesbury

Miss Ford's programme included Burton Hill House School at Malmesbury and Rowdeford School where six boys are being treated, while Miss Montgomery visits for an hour weekly, whenever possible, the unit for cerebral palsied children at the Odstock Hospital, Salisbury, which was opened in June.

It was decided to discontinue the Westbury Clinic at Easter, as the very small number of children being referred from the district made it hardly justifiable; the centres at Trowbridge and Warminster are within easy reach for Westbury children.

In response to requests from the Amesbury schools, and in view of the fairly large number of children constantly being referred from the military camps in that district, it was decided to open a Speech Therapy clinic at Amesbury at the end of the year. This should prove a most useful centre and will be a benefit to children referred from Netheravon, Ludgershall, etc. who previously had to make a lengthy and expensive journey into Salisbury.

As in previous years, by far the greatest number of cases were referred for disorders of articulation, and in many cases this was associated with general backwardness. Close co-operation has been maintained with the Child Guidance team, and much helpful advice has been obtained. In July, Miss Montgomery attended a four-day residential conference covering all aspects of speech therapy.

It will be seen from the figures below that a considerable number of school visits were made by both speech therapists. The value of personal contacts with teachers is undoubtedly very great, as frequently in cases where there is poor co-operation in the home, the teacher can give the child help with home practising, etc.—and also the exchange of opinions on specific cases can be of mutual interest to teacher and therapist.

The following tables relate to the number of new cases referred during the year for speech therapy and their disposal, and children treated.

A. Children referred for speech therapy, and disposal.

			CLINIC ATTENDED.													
			Amesbury	Chippenham	Corsham	Devizes	Malmesbury	Marlborough	Melksham	Mere	Salisbury	Swindon	Trowbridge	Warminster	Westbury	TOTAL.
Children referred	...	...	21	15	14	13	17	11	4	6	34	10	18	9	—	172
Accepted for treatment	...	...	9	6	5	4	10	5	3	1	19	7	9	4	—	82
Treatment deferred	...	...	—	4	2	1	3	1	—	1	5	1	7	—	—	25
Not considered suitable for speech therapy or speech therapy not necessary	...	...	1	—	—	1	—	4	—	1	7	1	1	1	—	17
Awaiting appointment	...	...	10	9	7	9	4	1	1	5	4	17	9	4	—	80

B. Children treated.

				CLINIC ATTENDED.													
				Amesbury	Chippenham	Corsham	Devizes	Malmesbury	Marlborough	Melksham	Mere	Salisbury	Swindon	Trowbridge	Warminster	Westbury	TOTAL.
Under treatment at beginning of year				4	18	7	9	7	5	11	5	30	27	21	7	3	154
Attending for first time in 1955 ...				9	6	5	4	10	6	3	2	20	7	9	4	—	85
Discharged in 1955				1	8	2	4	4	3	7	—	15	14	9	1	3	71
Remaining under treatment at end of year				12	16	10	9	13	8	7	7	35	20	21	10	—	168
Diagnoses:																	
Stammer				5	9	4	2	6	5	1	1	14	14	5	5	2	73
Dyslalia				7	14	8	4	11	5	10	5	33	12	20	5	1	135
Cleft Palate				—	1	—	5	—	—	1	1	—	1	4	—	—	13
Dysphonia				1	—	—	—	—	—	2	—	—	—	1	1	—	5
Other				—	—	—	2	—	1	—	—	3	7	—	—	—	13

Schools visited by Miss Montgomery	49
School visited by Miss Ford	22
Homes visited by Miss Montgomery	12
Homes Visited by Miss Ford	36

It will be noted from this report that at the end of the year there were 80 children, excluding those in the Borough of Swindon, awaiting appointments. At the time of writing the number was 102, and it seems evident that more speech therapist's time is needed.

Handicapped Pupils

The numbers of children ascertained during the year to need special schooling and of those admitted to special schools are summarised in Table I below. Table 2 records the numbers of children in special schools at the beginning of 1956 and of those awaiting vacancies.

TABLE 1

	(1) Blind. (2) Partially sighted.		(3) Deaf. (4) Partially deaf.		(5) Delicate. (6) Physically handicapped.		(7) Education- ally sub- normal. (8) Maladjusted.		(9) Epileptic (10) Speech defect.		TOTAL 1—10.
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
In the calendar year ending 31st Dec., 1955—											
A. Handicapped Pupils <i>newly placed</i> in Special Schools or Homes	3	—	4	—	13	5	22	1	1	—	49
B. Handicapped Pupils <i>newly ascertained</i> as requiring education at Special Schools or boarding in Homes	2	1	1	1	17	4	68	3	3	—	100

TABLE 2

	(1) Blind. (2) Partially sighted.		(3) Deaf. (4) Partially deaf.		(5) Delicate. (6) Physically handicapped.		(7) Education- ally sub- normal. (8) Maladjusted.		(9) Epileptic (10) Speech defect.		TOTAL 1—10.
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
On or about 31st Jan., 1956—											
C. Number of handicapped pupils from the area—											
(i) Attending Special Schools as											
(a) Day Pupils ...	—	—	—	—	—	—	30	—	—	—	30
(b) Boarding Pupils	11	8	20	9	17	12	50	2	4	1	134
(ii) attending independent schools under arrangements made by the Authority	—	—	2	—	—	12	6	8	—	—	28
(iii) boarded in Homes ...	—	—	—	—	—	—	—	1	—	—	1
TOTAL (C)	11	8	22	9	17	24	86	11	4	1	193
D. Number of handicapped pupils being educated under arrangements made under Section 56 of the Education Act, 1944—											
(a) in hospitals ...	—	—	—	—	3	—	—	—	—	—	3
(b) in units for spastics	—	—	—	—	—	10	—	—	—	—	10
(c) at home	—	—	—	—	1	5	1	—	—	—	6
E. Number of handicapped pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition ...	—	4	2	2	1	6	194	1	—	—	210

It will be noted that the number of children found to need special schooling exceeded the number admitted by 51. The total of children in special schools had risen from 177 at the end of 1954 to 193 and the waiting list from 194 to 210. Three of the children on the waiting list were under the age for attendance at ordinary schools; two were having home tuition, which had also been advised for a third child but had not been arranged by the end of the year. The remaining children are attending at ordinary schools whilst awaiting special school vacancies.

The difficulty of placing educationally sub-normal children and spastic children remained, and further details of those two groups are given below. There are no appreciable waiting lists for special school vacancies in the other categories, and the number waiting was, in fact, four less than a year ago, although 11 more children were ascertained in these groups to need special schooling than in 1954.

Facilities for children to receive tuition in hospital were brought into operation early in June, under arrangements with the Salisbury Group Hospitals Management Committee. The Education Authority provide the services of a teacher for children admitted to Salisbury Infirmary who are likely to remain there for a period of six weeks or more, and who are considered suitable on medical grounds for teaching. The arrangements are also extended to children admitted from Hampshire and Dorset. By the end of the year, seven Wiltshire children had received tuition, of whom three were still in hospital.

Educationally Sub-Normal Children

At the beginning of 1956, there were 74 boys and 12 girls receiving education in special schools for educationally sub-normal pupils. Sixty-eight children, 54 boys and 14 girls, were newly ascertained during 1955 to need education in special schools for educationally sub-normal children but of this number, only 22 were admitted—18 boys and 4 girls. By the end of the year the waiting list for special school vacancies had risen from 168 to 194—143 boys and 51 girls.

Thus, at the end of 1955, the total number of children needing education in schools for educationally sub-normal pupils was 217 boys and 63 girls, of whom less than one third were receiving the educational treatment they needed, apart from such special attention as they could be given in ordinary schools. To meet this problem, the possibility of providing a new school within the County for 90 educationally sub-normal boys, and using the present boys' school at Rowdeford to provide for 60 girls is under consideration.

The following table gives a summary of the cases dealt with during 1955 and the position at the end of the year.

1.	Number examined or re-examined during 1955	...	...	124
	Classified as E.S.N. and:—			
(a)	Recommended for admission to special schools	...	73	
(b)	Recommended for special education in ordinary schools		8	
(c)	Reported to local health authority under Section 57 (3) of the Education Act	...	...	12
(d)	Recommended for supervision on leaving school under Section 57 (5) of the Education Act	...	...	14
(e)	Not recommended for supervision on leaving school		12	
	Excluded from school pending further investigation	...	1	
	Found to have no disability of mind	...	...	4
			124	
2.	Number awaiting examination on 1/1/56			190
3.	Number attending special day schools	...	...	10
4.	Number at residential special schools:			
	At Rowdeford—day pupils	...	...	20
	boarders	...	...	40
	At other schools	...	...	16
			86	
5.	Number awaiting admission to special schools	...	...	194

Spastic Children

A day unit for spastic children was opened by arrangement with the Salisbury Group Hospital Management Committee at Odstock Hospital in June. The Management Committee provide a classroom with adjoining accommodation for physiotherapy, and also supply dinners. The Education Committee provide the services of the teacher who also undertakes the teaching of the long-stay children in the Salisbury Hospital, to which reference has already been made. The children selected for attendance at this unit are those who are thought to be educable but by reason of their physical disability, are unable to attend ordinary schools and require frequent physiotherapy. Thus, suitable education is combined with medical treatment provided under the personal supervision of the Consultant in Physical Medicine, Dr. H. J. Glanville. At the end of the year seven children were attending and the results were encouraging.

A similar unit has been in operation at Swindon since 1952, at which three children from outside the Borough are attending.

Two children were admitted to independent schools in 1955 and two transferred from another school which ceased to provide for spastic children. These four children would probably otherwise have remained unplaced. At the end of the year there were two children on the waiting list for whom at present there seems little chance of securing vacancies, who meanwhile are attending ordinary schools with difficulty.

The following table gives a summary of the children who have been ascertained in this category.

(a)	At special schools (including three at Rowdeford School for E.S.N. boys)	...	...	...	...	...	18
(b)	Attending Swindon Spastic Unit	...	...	...	...	...	3
	Attending Salisbury Spastic Unit	...	...	...	...	...	7
(c)	Attending ordinary school (including 1 at private school)						
	Recommended for special residential schooling	...					2
	Not recommended for special residential schooling						34
(d)	Not attending school						
	Under 5 and receiving consideration	...	...	...	...	...	8

Dental Examination and Treatment

Report of the Principal School Dental Officer, W. H. Liebow, Esq., L.D.S.

The establishment of dental officers in Wiltshire, including the Excepted District of Swindon, is 1 Principal School Dental Officer, and 13 School Dental Officers, but in January, 1955, only nine school dental officers were employed. In February Mr. Yates transferred to Swindon leaving two vacancies in the remainder of the County (Chippenham and Salisbury areas) and two in Swindon. The services of a part-time dentist were secured for 53 half days.

The proportion of time devoted to school children excluding Swindon during the year was equal to $7\frac{1}{3}$ dental officers, compared with that of approximately $7\frac{1}{2}$ for the previous year. The remaining time was spent in administration, treatment of children attending Swindon schools and of patients under Section 22 of the National Health Service Act (expectant and nursing mothers and pre-school children).

The staffing position with regard to dental officers remains difficult but Wiltshire has not suffered so badly as the country generally. There is a slight but steady improvement in the recruitment of dentists for local authority services but the majority of dentists are still attracted by the higher financial reward in practice under Part 4 of the National Health Service Act. They are also unwilling to contend with the difficulties of treating a large number of children under adverse conditions in a rural area. Advantages are offered by some authorities to attract candidates for employment. These include spare time practice under the National Health Service Act, voluntary paid evening sessions, the provision of housing accommodation, motor cars and modern, well-equipped fixed and mobile clinics. It appears that authorities who provide some of these advantages are usually in a more favourable position with regard to staffing than those who do not. It is unlikely that the public dental service will be fully staffed until ancillary workers, as proposed under the Dentists Bill, are trained and become available. When employed by local authorities, the work of these ancillaries will be confined to filling teeth and extraction of deciduous teeth. They will also work under the direction and to a course of treatment indicated by a registered dentist.

The dental staff were again allowed to carry out a maximum of two paid evening sessions of two hours duration every week. Two members of the Staff have done so regularly throughout the year, while three have participated for short periods. In all 270 evening sessions were held, giving the equivalent of a full-time officer for approximately seven months. The output of work during evening sessions is higher than daytime sessions, and, as they are limited to two per week, there has been no reduction in the daily output.

Some candidates seeking employment request information about housing accommodation. I feel sure that, if it were possible to approach local housing authorities to make some provision in this way it would help to fill the vacancies.

It is pleasing to report again some progress in the provision of dental clinics, as in May a new clinic at Warminster was brought into use. The premises were adapted and now consist of waiting and recovery rooms and a surgery which has been fitted with modern dental equipment with the exception of a dental x-ray apparatus. The clinic is used for treatment of the majority of patients attending Warminster schools, special patients from the neighbouring district and expectant and nursing mothers and pre-school children. It is of a pleasing design and has provided much satisfaction to the dental officer and attendant in the area.

A report was received from the Minister of Health on the visit to Wiltshire of Miss E. M. Knowles, a Senior Dental Officer of the Ministry. The report indicated that some of the dental clinics in the County were not regarded as fully satisfactory and stressed the need for more up-to-

date equipment, including operating lights and x-ray apparatus. It was, therefore, agreed to purchase the following additional dental equipment in order to improve facilities at the existing clinics:

5 dental operating lights	3 dental cabinets
8 chair mats	5 bracket tables
1 gas apparatus	1 operating stool

Ministry of Education Circular 288 of 12th July, 1955, reminded local education authorities of their duty to provide a comprehensive system of free dental treatment for school children. The number of children who can be successfully dealt with by one dental officer is 2,500. If the present establishment were filled, allowing one-eighth of the time of each to Maternity and Child Welfare work, each dental officer would be responsible for the care of 4,600 school children. Because of vacancies during the year each officer had to care for more than 6,000 children. With so many patients it is not possible to provide complete treatment at reasonable intervals. Consequently, many teeth which could otherwise have been saved, have to be removed at a later visit. It does not give satisfaction to a dentist to leave part of his work undone because of lack of time. Parents and patients are much more dentally conscious and the need for complete treatment is better appreciated than formerly. It must also be emphasised that the main object of the school dental service is not to relieve pain but to conserve the dentition in order to ensure that each child leaves school with a complete set of healthy natural teeth and with sufficient knowledge of dental hygiene to enable them to retain this condition.

It is desirable to allow one dental officer to be responsible for dental inspection and treatment of all the school children within his area throughout school life, but it was found necessary to second one of the staff from his area for a period of approximately four months in order to provide treatment for children attending some of the Chippenham schools which had not been visited for some time. Similarly the dental officer for the Northern area devoted 1½ days every week to treatment of school children in the Excepted District of Swindon.

The Ministry's Circular also expressed the hope that every effort would be made to ensure that facilities for orthodontic treatment would be developed as quickly as other considerations permit.

Orthodontics may be described as the study of the growth and development of the jaws and face and the prevention and treatment of abnormalities of this development. Irregular and overlapping teeth are unsightly and may have a bad psychological effect upon a child. As it is also more difficult to clean these teeth, they usually decay and often have to be removed. Many abnormalities are due to early loss of deciduous and permanent molars and to habits such as thumb sucking and the use of the dummy or comforter. Much of this can be prevented and shows the need for more education in dental hygiene. It was decided to increase the establishment by one orthodontist.

The statistics for the year can be examined in the following Table:—

(1) Number of pupils inspected by the Authority's Dental Officers:—

(a) Periodic age groups	14,487	(14,566)
(b) Specials	2,542	(2,458)
Total (1) ...	17,029	(17,024)
(2) Number found to require treatment	12,988	(13,186)
(3) Number referred for treatment	12,486	(12,838)
(4) Number actually treated	8,645	(9,125)
(5) Attendances made by pupils for treatment	23,871	(24,466)
(6) Half-days devoted to: Inspection	184	(187)
Treatment	3,654	(3,869)
Total (6) ...	3,838	(4,056)

(7) Fillings: Permanent Teeth ...	...	...	...	...	...	...	12,241	(10,692)
Temporary Teeth	...	...	...	...	...	...	2,096	(2,531)
Total (7)							14,337	(13,223)
(8) Number of teeth filled: Permanent Teeth	...	...	...	...	...	...	11,271	(10,034)
Temporary Teeth	...	...	...	...	...	...	2,030	(2,442)
Total (8)							13,301	(12,476)
(9) Extractions: Permanent Teeth	...	...	...	...	...	...	2,207	(2,174)
Temporary Teeth	...	...	...	...	...	...	10,750	(12,672)
Total (9)							12,957	(14,846)
(10) Administration of general anaesthetics for extraction	...	...	...	...	...	...	928	(766)
(11) Other operations: Permanent Teeth	...	...	...	...	...	...	6,626	(6,451)
Temporary Teeth	...	...	...	...	...	...	2,686	(3,403)
Total (11)							9,312	(9,854)
Patients fitted with Dentures	...	...	...	...	...	...	66	(55)
Patients fitted with Orthodontic Appliances	...	...	...	...	...	...	244	(252)
Dentures repaired	...	...	...	...	...	...	17	(5)

The number of children examined and the number referred for treatment remains much the same as the previous year. 62% of the children referred for treatment at the routine inspection were treated by the County dental officers. This is 2% lower than the previous year and does not include 2,542 specials treated. These are children who have been referred by school medical officers, head teachers and others, and who require urgent treatment for the removal of sepsis, relief of pain or for orthodontic purposes. It is often found that the parents of these children have refused treatment during the routine school visit and, as the dentists' time for this work is strictly limited, he is often unable to provide complete treatment for every patient.

Although slightly less time was devoted to school work than in the previous year the number of fillings inserted in permanent teeth shows a considerable increase, while the number of teeth extracted shows a corresponding decrease. The success or otherwise of a scheme can be assessed by the ratio between the number of permanent teeth filled and the number extracted. In 1955 it was five teeth filled to one extracted. The latest figure available for England and Wales is 3.1 in 1953.

Other operations are scalings, dressings, adjustments to orthodontic appliances, and silver nitrate treatment of deciduous teeth.

General anaesthesia is administered by a specialist anaesthetist, a medical practitioner or by one dentist for another. It is not advisable for one dentist to administer the anaesthetic and operate unless in an emergency.

Milk in Schools

As mentioned in my report for 1954 the Minister of Education required all local Education Authorities to obtain tenders in respect of the supply of milk under the Milk in Schools scheme after the 1st April, 1955. Advertisements were issued early in the year and the schools were divided into groups in accordance with a plan which had been drawn up by the Area Milk Officer of the Ministry of Food. It was hoped by asking for tenders for complete groups of schools to obtain better financial terms, to secure pasteurised supplies of milk for a higher proportion of schools and to simplify the supervision of milk supplies by reducing their number. It was indicated that tenders for complete groups of schools and for the supply of pasteurised milk would be preferred. The proportion of contractors tendering for complete groups was disappointingly small and in fact only five of the fourteen groups have been taken over entirely by one supplier. It will be seen however from the figures quoted later in this report that the proportion of children drinking pasteurised milk has increased.

The percentage of milk (51 %) supplied at a discount for Wiltshire (including Swindon) was the second highest in the South Western Region, being exceeded only by Devon (56 %). All Wiltshire schools are receiving a liquid supply and at no school has it been necessary to resort to milk tablets. In the whole country in May, 1955, only about 25 % of all milk supplies were bought at a discount (below the maximum retail prices).

The following table shows the number of schools having the various grades of milk. Twenty-four more schools received pasteurised milk in 1955 than in 1954.

					1955	1954
(a)	Pasteurised milk	in $\frac{1}{3}$ pint bottles	...	...	330	306
(b)	T.T. milk	in $\frac{1}{3}$ pint bottles	...	...	4	24
		in bulk	...	...	1	4
(c)	Non-designated	in $\frac{1}{3}$ pint bottles	...	...	—	—
		in bulk	...	...	1	1
					<hr/> 336	<hr/> 335

The amount of milk consumed on an average day in October and the percentage of the children taking milk who were drinking the different grades were as follows:—

				No. of Children	Percentage
Pasteurised	...	...	...	30,700 (28,239)	99.1 (93.69)
Tuberculin Tested	...	...	...	270 (1,890)	.87 (6.27)
Non-designated	...	...	...	9 (12)	.03 (.04)

(The figures for 1954 are given in brackets)

The County Sanitary Inspector continued to sample school milk during 1955. 152 samples were submitted for biological test all of which proved to be negative for tuberculosis. In addition 217 samples of pasteurised milk taken at plants supplying milk to schools were submitted to the methylene blue and phosphatase tests. Of these only 3 proved to be unsatisfactory.

In September the Ministry of Education drew attention to the small number of children taking school milk in 22 of the Wiltshire schools, in each case well below the average for Wiltshire of 78.6 % of the number in attendance (84.8 % for England and Wales). All but two of the 22 schools were secondary schools. From the survey made in October the percentage of children attending primary schools who drank milk was 84.9 % (approximately the national average) but in secondary schools only 47.6 %. This matter was discussed at a conference of heads of grammar and secondary modern schools. No special reason could be found for this decrease in milk consumption among older children although no effort had been spared to encourage the drinking of milk.

In December the Ministry of Education indicated that in 1956 the Local Education Authority will be asked to take over arrangements for the supply of milk to non-maintained schools. The Ministry will send to each authority a list of non-maintained schools known to be in their area showing those taking part in the Milk in Schools scheme. It is thought that some 60 schools may be concerned.

MEALS IN SCHOOLS

The Director of Education has been good enough to provide the following details:—

Schools in which canteens have been established	...	...	311	(312)
Number of children being supplied with meals	...	...	17,226	(15,750)
Number of children being supplied with free meals	...	...	1,806	(1,766)

(The figures in brackets show the position at the end of 1954)

Protection of Children Against Tuberculosis

During 1955, mass radiography units visited all the main centres in Wiltshire except Malmesbury. Appointments were offered by individual letters distributed by head teachers to 2,357 teachers and school meals workers, representing 95.0% of the total of such staff employed in the County. 1,891 attended, that is 80.0% of those who had the opportunity of attending, or 78.9% of the staff of schools in the County. Some of those who did not attend had already recently had chest x-ray examinations on entry to the teaching profession, or on the advice of doctors or by mass radiography units elsewhere. The list given below shows the numbers of those who attended at the various centres and the previous percentage at each centre is given in brackets.

				<i>Total No. of Staff invited.</i>	<i>Number attended.</i>	<i>Percentage.</i>
Bradford-on-Avon	...	...		76	61	80.3 (75)
Calne	...	...	...	99	85	85.9 (77)
Chippenham	...	...	...	223	163	73.1 (74)
Corsham	...	...	...	100	80	80.0 (77)
Devizes	...	...	...	177	143	80.8 (84)
Ludgershall	...	...	...	39	32	85.1 (91)
Marlborough	...	...	...	147	116	78.9 (76)
Melksham	...	...	...	126	111	88.1 (83)
Pewsey	...	...	...	85	73	85.9 (93)
Salisbury	...	...	...	523	428	81.8 (74)
Swindon	...	...	...	328	244	74.4 (76)
Trowbridge	...	...	...	242	197	81.4 (82)
Warminster	...	...	...	114	95	83.3 (77)
Westbury	...	...	...	74	59	79.7 (69)
Bath (Colerne school only)	...	...	...	4	4	100.0 (—)
Totals	...	...	...	2,357	1,891	80.2 (79)

B.C.G. VACCINATION

In June the Health Committee introduced a pilot scheme to provide B.C.G. vaccination against tuberculosis for children between the ages of 13 and 14 years in the Amesbury, Salisbury and Wilton, and Mere and Tisbury rural districts, and the Borough of Wilton and City of Salisbury. Vaccination is undertaken by medical officers who have been specially designated for the purpose after suitable training and is only given with the parents' consent. Up to the end of the year vaccination had been offered for 758 children and accepted by the parents of 448. A similar scheme was commenced in Swindon.

School Premises

School medical officers, when they visited schools for periodic inspections, reported on conditions likely to be detrimental to the health of the pupils. In addition, the County Sanitary Inspector continued the survey of school premises to which reference was made in my report for 1954. During 1955, he visited 78 schools and recommendations were sent to the Director of Education. Although none of these schools conformed wholly with the Standards for School Premises Regulations, 1954, it must be remembered that in conducting a survey, the object of which is to discover where the deficiencies are, it is natural to concentrate first on schools likely to be found less satisfactory.

The following are the deficiencies noted in the 78 schools surveyed:—

Polluted water supply	...	...	...	...	...	...	...	...	...	...	3
Sanitary Accommodation:											
Less than number of fittings required	...	...	...	...	...	...	...	...	...	...	13
Pail closets not converted to water closets although suitable water supply available	...	...	...	...	...	...	...	...	...	...	29
No automatic urinal flush	...	...	...	...	...	...	...	...	...	...	5
Washing Accommodation for Pupils:											
Less than number of wash-basins required	...	...	...	...	...	...	...	...	...	...	73
No piped water to basins although available	...	...	...	...	...	...	...	...	...	...	4
No hot water supplied to wash-basins	...	...	...	...	...	...	...	...	...	...	23
Cloakrooms:											
Inadequate	...	...	...	...	...	...	...	...	...	...	15
No drying facilities	...	...	...	...	...	...	...	...	...	...	33
Damp	...	...	...	...	...	...	...	...	...	...	4
Teaching Accommodation:											
One or more rooms less than minimum size required by Regulations	...	...	...	...	...	...	...	...	...	...	33
Poor natural light in one or more classrooms	...	...	...	...	...	...	...	...	...	...	4
Poor artificial light in one or more classrooms	...	...	...	...	...	...	...	...	...	...	9
Poor ventilation in one or more classrooms	...	...	...	...	...	...	...	...	...	...	3
Inadequate heating in one or more classrooms	...	...	...	...	...	...	...	...	...	...	2
Paved Playground: Less than size required by Standards											
Inadequate facilities for washing-up	...	...	...	...	...	...	...	...	...	...	51
	...	...	...	...	...	...	...	...	...	...	23
Accommodation for Staff:											
No staff room	...	...	...	...	...	...	...	...	...	...	61
No staff washing accommodation	...	...	...	...	...	...	...	...	...	...	55
No staff cloakroom	...	...	...	...	...	...	...	...	...	...	54
No staff sanitary accommodation	...	...	...	...	...	...	...	...	...	...	24
Inadequate storage facilities	...	...	...	...	...	...	...	...	...	...	17

During the year the Education Committee continued their efforts to lessen the disadvantages from the condition of the older school premises. This was attempted in two ways; (a) by the relief to existing schools resulting from new schools built under the annual major building programmes, and (b) by carrying out improvements to existing schools.

In December, 1954, the Ministry of Education abolished the limit on the total value of minor projects which may be started in any year and this should open the way for better conditions.

During the year the following new premises were taken into use:—

- Devizes Southbroom—first instalment of new Primary School.
- Corsham—new Secondary Modern School.
- Highworth—first instalment of new Primary School.
- Westbury—first instalment of new Primary School.
- Westbury Secondary Modern School—two classrooms.

Authority was also given by the Education Committee and by the managers of aided schools for the following improvements to be put in hand:—

						<i>County and Controlled Schools</i>	<i>Aided Schools</i>
New Water Supply ...	...	...	...	...	...	4	1
Sanitary Accommodation ...	...	...	...	...	...	17	4
Washing Accommodation		...	...	...	...	1	—
Cloakrooms ...	...	...	...	...	...	2	—
Teaching Accommodation ...	...	...	...	...	...	2	2
Paved Playgrounds	...	...	...	...	...	7	—
Washing-up facilities	...	...	...	...	...	23	—
Staff accommodation	...	...	...	...	...	1	1
Storage facilities ...	...	...	...	...	...	9	—
Heating ...	...	...	...	...	...	9	2
Lighting ...	...	...	...	...	...	10	2
Additional Classrooms	...	...	...	...	...	8	1
Miscellaneous ...	...	...	...	...	...	26	—

Infectious Disease in Schools

Head Teachers are asked to submit on forms provided for the purpose details of children who are absent from school with infectious disease, or are contacts, and to send a copy to the District Medical Officer of Health. During 1955 no schools were closed; this step is taken only in exceptional circumstances.

The average attendance of children throughout the year was 90.4%. It was lowest during January, February and March (87.1 %, 86.5 % and 89.3 %) when measles and, to a lesser extent, mumps and whooping cough were prevalent. Throughout the remainder of the year the average monthly attendance did not fall below 90 %.

Excepted District of Swindon

REPORT OF THE PRINCIPAL BOROUGH SCHOOL MEDICAL OFFICER

FOR THE YEAR 1955

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE OF THE
BOROUGH OF SWINDON

LADIES AND GENTLEMEN,

I have much pleasure in submitting the Annual Report for 1955 on the work of the School Health Service in Swindon.

The state of health and nutrition of the school children remains good.

There was an increase in the percentage of children requiring treatment but this was largely in minor orthopaedic defects for which no treatment was available before the appointment of the remedial gymnast.

The work of the remedial gymnast has continued to prove most successful and both parents and teachers have given willing co-operation.

The services of the one full-time dental officer were available from February, but it has still not been possible to carry out periodic dental inspections on a large scale and the dental health of the children remains a matter of deep concern.

During the year B.C.G. vaccination was offered to all children aged 13. Thanks to the co-operation of parents and teachers there was a very good response and 723 children were vaccinated.

I am,

Your obedient servant,

JAMES URQUHART,

Principal Borough School Medical Officer.

CIVIC OFFICES,
Swindon.

SCHOOL HEALTH SERVICE

SUMMARY OF STATISTICS

A summary of the principal statistics for the year 1955 with comparable figures for 1954 is given below:—

	1954	1955
Number of primary and secondary school children on register (at 20th January, 1956)	11,593	12,331
Number of children examined at routine medical inspection ...	3,054	3,519
Number found to require treatment for diseases and defects ...	738	1,121
Number of dental inspections	2,287	2,098
Number referred for dental treatment	1,923	1,985
Number of children examined for part-time employment	135	143

SCHOOL POPULATION

The estimated population of the Borough of Swindon at mid-year 1955 was 71,370. There were at the end of 1955 a total of 12,331 children on the registers of the primary and secondary schools of Swindon (including the Central Primary School). It will be noted that this is an increase of 738 over the school population at the end of 1954.

STAFF

1. Medical

Dr. E. M. Wallis	commenced	1/2/1955
Dr. C. W. Shearer	resigned	16/2/1955
Dr. D. S. Parken	commenced	27/3/1955

2. Dental

Mr. A. V. Yates	commenced	1/2/1955
Miss J. E. Capper	commenced	14/5/1955

3. School Nurses

Mrs. M. Powell	resigned	30/4/1955
Miss J. E. Robson	commenced	1/7/1955
Miss E. M. Clarke	„	4/7/1955
Miss M. J. MacGregor	„	4/7/1955
Mrs. M. McCadden	„	8/11/1955 (part-time)
Mrs. E. A. Butt	retired	3/6/1955
Mrs. B. E. Bell	„	31/8/1955

MEDICAL EXAMINATIONS

During the year, periodic medical examinations were carried out in accordance with the Handicapped Pupils and School Health Service Regulations, 1945.

The findings at medical inspection are given in the table on page 42.

The following gives the number of primary and secondary school children examined and the periodic age groups and the number found to be suffering from diseases and defects (excluding dental caries and uncleanliness) which required some form of treatment.

	1955	1954	1953	1952	1951
No. of children examined	3,519	3,054	3,795	2,526	3,291
No. of children found to have defects ...	1,121	738	855	507	746
Percentage of children examined in need of treatment	31.8	24.1	22.5	20.0	22.6

Of the 3,519 children examined at routine medical inspections, there were 422 (11.9 %) defects of vision and 450 (12.79 %) defects of ear, nose and throat.

The increase in the percentage of children noted as requiring treatment is marked but it is felt that this does not indicate any deterioration in the health of the school children.

The largest increase was in minor orthopaedic defects. As 1955 was the first full year in which the services of a remedial gymnast were available, the doctors were able to advise treatment for children whose defects were slight, and where previously there was no point in recording the defects and worrying the parents when no treatment could be offered.

NUTRITIONAL STATE

Of the three categories relating to the general condition of a child viz.,

- A — Good
- B — Fair
- C — Poor

A table, showing the number and percentage of children placed in each of these three categories for each age group examined during 1955 and 1954 is given below:—

<i>Age Group</i>				<i>No. of Children inspected.</i>	<i>Catgeory A.</i>		<i>Category B.</i>		<i>Category C.</i>	
					<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
Entrants	...	...	1954	1,086	488	44.93	592	54.51	6	.56
			1955	1,419	512	36.08	887	62.52	20	1.4
Second Age Group			1954	919	514	55.93	393	42.76	12	1.31
			1955	861	231	26.83	594	69.00	36	4.17
Third Age Group			1954	994	612	61.56	379	38.13	3	.31
			1955	1,139	622	54.61	512	45.00	5	.39
Other Periodic Inspections			1954	55	9	16.36	42	76.36	4	7.28
			1955	100	19	19.00	79	79.00	2	2.00
TOTAL	...		1954	3,054	1,623	53.14	1,406	46.03	25	.83
			1955	3,519	1,384	39.33	2,072	58.88	63	1.79

Comments:—

This year the percentage of children placed in Categories B and C was larger. It is felt that this does not indicate any deterioration in the nutritional state of the children as a whole but is a reflection of the change of medical staff which took place at the beginning of 1955, the new doctors using a slightly higher standard in assessing the nutrition of the children.

CLEANLINESS

During 1955 the School Nurses carried out a total of 17,104 inspections for uncleanliness, and a total of 254 individual children were reported as infested.

MINOR AILMENT CLINICS

Minor Ailment clinics are held at the following places and times:—

Eastcott Hill	Time	Dr. in attendance
Monday to Saturday inclusive	9.0 a.m. to 12.30 p.m.	Monday, Friday and Saturday.
Pinehurst		
Monday to Friday inclusive	9.0 a.m. to 12.30 p.m.	Tuesday

In all, some 7,830 attendances were made at these clinics during the year. There were 2,336 consultations with doctor.

OBSERVATION CLINICS

The practice of holding special observation clinics was continued. Children who are found at a periodic or special medical examination to have any defect which, while not severe enough for reference to a specialist, requires special observation, are seen at these clinics and reviewed.

During 1955 a total of 379 consultations were held at observation clinics.

OTHER MEDICAL INSPECTIONS

Special medical inspections and re-inspections were carried out on 1,589 primary and secondary school children. The figures for 1954 and 1955 are as follows:—

	1954	1955
Number of inspections	1,818	1,589
Number of re-inspections	1,722	2,290

An analysis of the 1954 and 1955 figures is given below:—

Number seen for skin conditions	1,004	947
" " " eye "	216	157
" " " school accidents	36	31
" " " ear defects	26	25
" " " throat or nose defect	83	86
" " " juvenile employment	135	143
Others	318	200
TOTAL ...	1,818	1,589

PLANTAR WARTS.

The special treatment clinics established for the treatment of plantar warts were continued through 1955 and a total of 176 children were treated. The incidence of new cases of plantar warts decreased steadily during the year.

CONSULTANT CLINICS.

The Consultant clinics in Swindon have been the responsibility of the Oxford Regional Hospital Board since July, 1948. Any child found on examination by a school medical officer to need hospital treatment or a consultant's opinion is referred to the appropriate clinic. In every case, the family doctor is notified of the intention to refer children to these clinics, and is given the opportunity to deal with the case himself if he so desires.

The only consultant clinic now held on Local Authority premises is the Ophthalmic Clinic at the School Clinic, Eastcott Hill.

OPHTHALMIC CLINIC. Consultant clinics continued to be held at the school clinic, Eastcott Hill, with clerical and nursing staff provided by the Health Department. It was obvious, however, that the one clinic held for school children could not cope with the number referred to it, and the waiting list was steadily growing. Representations to this effect were made to the Swindon and District Hospital Management Committee and additional eye clinics were arranged at the Ophthalmic Department at the Great Western Hospital.

	1954.	1955.
Number of clinics held	89	104
Number of attendances	1,495	1,663

At the end of December, 1955, the position was as follows:—

Number of cases referred and not seen	201	64
Number of cases already seen and referred for re-examination:—		
In three months	54	15
In six months	240	170
In one year	70	19

ORTHOPAEDIC CLINIC. Since May, 1950, the Orthopaedic Clinic has been run by the Regional Hospital Board at St. Margaret's Hospital ; 25 cases were referred during 1955 to the clinic by the School Medical Services as compared with 29 in 1954. As this department no longer arranges the appointments at this clinic, we have no actual knowledge of the total number of Swindon school children referred there from all sources. 149 Swindon school children were treated at these clinics during the year and the attendances were 302 at Surgeons' clinics and 69 at Sisters' clinics.

EAR, NOSE AND THROAT CLINICS. 131 Children were referred to this clinic by School Medical Officers during 1955, as compared with 72 in 1954. There has been a definite improvement in the waiting period for consultation and operation.

PAEDIATRIC CLINIC. 25 Children were referred to this clinic by School Medical Officers in 1955, as compared with 22 in 1954. As in 1954 the children were seen with little delay, and full reports were sent by the consultant to the School Medical Officer. The consultant also sends us a report on any school child referred to him for consultation from other sources.

SPECIAL CLINICS.

REMEDIAL EXERCISES. Number of children receiving treatment:—

Infants	...	...	...	...	...	...	63
Junior	...	...	...	...	...	...	51
Secondary Modern and Secondary Grammar	...						145
							<hr/> 259 <hr/>

Instruction and supervision in remedial exercises have been given to all children who have been referred by the doctor as likely to derive benefit from treatment.

There are three main groups of children:—

- (1) Those with flat feet or valgoid ankles who are given foot and ankle strengthening exercises, and instructed in the correct method of walking.
- (2) Those with postural defects who are given shoulder girdle exercises, and instructed in the correct way to stand and sit.
- (3) Those suffering from asthma who are given exercises to enable them to breathe properly.

The defects are usually of a minor degree and the aim of treatment is to normalise the condition, if possible, and to strengthen the muscles concerned.

The sessions are held weekly in the schools attended by the children and the programme arranged so that it does not interfere unduly with the child's education.

The various schemes of exercises are short, attractive as possible and specifically for the complaint. They are of the type which can be carried out in a limited space without elaborate equipment. Children are encouraged to do the exercises at home, and parents are advised on their value. Each child is re-examined by the doctor during treatment and the degree of progress assessed. Before discharge the child is seen with his parent by the doctor and advice given to prevent recurrence of the defect.

The results have been very satisfactory and it is hoped in the near future to carry out a more intensive research into the value of the work.

CHILD GUIDANCE CLINIC. The Child Guidance Clinic set up by the Wiltshire County Council continued to hold regular sessions at 81 Bath Road, Swindon.

A report on the Child Guidance Service by Mr. H. R. Melrose, Educational Psychologist, is appended to this report.

SPEECH THERAPY.

Speech therapy clinics have been held for four sessions weekly throughout the school year.

As in previous years, the most common defect has been dyslalia, i.e., defects of articulation—in many cases this was associated with general backwardness. Cleft palate cases were again very few. Stammerers have been treated in groups as a general rule; this has proved very satisfactory in most cases, the children gaining noticeably in self-confidence through group games, dramatic reading, etc.

In spite of a marked increase in attendance over last year, the waiting list remains persistently long, but the waiting time had been reduced to four months by the end of the year. It is perhaps worth remarking that children are being referred at an earlier age than was the case in previous years. More than half of the children waiting for treatment are aged six years or under and their speech defects are often comparatively slight, frequently improving spontaneously as they settle down at school.

Attendance figures for the year are as follows:—

					Boys.	Girls.	Total.
Number of children seen	...	...	...	...	58	16	74
Number of attendances	...	...	...	...	581	137	718
Number of children discharged		...	...	...	28	15	43
School Visits	...	...	...	...			18

The numbers above refer to children from Swindon only. Children from the surrounding County districts were also seen at the clinic—a total of 36 children, who made 246 attendances.

147 Speech Therapy sessions were held during the year.

HANDICAPPED PUPILS.

1. **Blind Pupils** (that is to say, pupils who have no sight or whose sight is, or is likely to become so defective that they require education by methods not involving the use of sight).

One Swindon blind girl aged 16 has been in a Special School for the blind at the Royal School of Industry for the Blind, Westbury-on-Trym, since 1945.

One child aged 4 was admitted to the Sunshine Homes for the Blind in February, 1955.

One boy aged 10 is still awaiting admission to a special school for the blind.

2. **Partially Sighted Pupils** (that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight).

Two boys aged 12 have been at the West of England School for Partially Sighted Pupils since September, 1952.

One boy aged 9 has been at the West of England School for Partially Sighted Pupils since January, 1953.

One boy aged 7 has been at the West of England School for Partially Sighted Pupils since September, 1953.

One boy aged 8 is still awaiting admission to a Special School for the Partially Sighted.

3. **Deaf Pupils** (that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquiring speech or language).

One boy aged 9 years, and who has been at the Donnington Lodge Nursery School since January, 1950, was transferred to St. Thomas' School, Basingstoke, in 1955.

One boy aged 7 years has been at Donnington Lodge Nursery School since May, 1953.

One girl aged 14 has been at the Royal Institute for Deaf, Derby, since April, 1947.

One girl aged 13 „ „ „ „ „ „ September, 1950.

One girl aged 9 „ „ „ „ „ „ September, 1953.

One girl aged 12 was admitted to Nutfield Priory Boarding School for the Deaf, Redhill, Surrey, in September, 1955.

One girl aged 5 is still awaiting admission to a Special School for the Deaf.

4. **Partially Deaf Pupils** (that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils). No child was ascertained as partially deaf during 1955 and there are none awaiting admission to a special school for partially deaf pupils.

5. **Educationally Sub-normal Pupils** (that is to say, pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools).

During 1955, 57 new cases were examined and were grouped as follows:—

28 were recommended for education in a Special Day School for Educationally Sub-normal pupils.

11 were recommended for special educational treatment in an ordinary school.

4 were recommended for a school or hostel for Maladjusted pupils.

1 child was recommended for admission to a Residential School for Educationally Sub-normal pupils.

12 were reported to the Local Health Authority as ineducable,

1 was notified under Section 57(5) of the Education Act, 1944.

34 children already classified as educationally sub-normal were re-examined during the year and the following recommendations were made:—

7 to be admitted to a Special Day School for Educationally Sub-normal pupils.

8 to continue to receive education at a Special Day School for Educationally Sub-normal pupils.

1 was recommended for admission to a Residential School for Educationally Sub-normal pupils.

2 to continue to receive special educational treatment in an ordinary school.

4 were recommended to return to the ordinary school system.

3 were reported to the Local Health Authority as ineducable.

9 were notified under Section 57(5) of the Education Act, 1944.

At the end of 1955, children assessed as educationally sub-normal were receiving special education as follows:—

Special Day School	...	...	75
„ Residential School	...	...	2
„ Ordinary Schools	...	...	56

6. **Epileptic Pupils** (that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils).

One boy aged 12 was discharged from Lingfield Epileptic Colony during 1955.

One boy aged 8 was admitted to Lingfield Epileptic Colony in April, 1955.

7. **Maladjusted Pupils** (that is to say, pupils who show evidence of emotional instability or psychological disturbance, and require special educational treatment in order to effect their personal, social or educational re-adjustment).

One boy aged 15 years was discharged from Cam House, Dursley, Gloucester, in December, 1955.
 One boy aged 17 years has been at Finchden Manor, Tenterden, Kent, since April, 1953.
 One boy aged 13 years was discharged from Southfield Hostel, Ilminster, in March, 1955.
 One boy aged 12 years was admitted to Cam House, Dursley, Gloucester, in November, 1955.
 One boy aged 8 was admitted to The Mount Special School, Chepstow, in October, 1955.
 One boy aged 15 has been at Tilehurst School, Forest Row, Sussex, since August, 1954.
 Five children were assessed as maladjusted during 1955, four of whom are still awaiting places in a school or hostel for maladjusted pupils.

8. **Physically Handicapped Pupils** (that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools).

One girl aged 15 has been at Dame Hannah Rogers School for Physically Handicapped since January, 1950.
 One boy aged 10 has been at The Heritage Craft Schools and Hospital, Chailey, since January, 1954.
 One boy aged 6 has been at the John Capel Hanbury Hospital School, Woodford Bridge, since January, 1954.
 One girl aged 8 at Marlborough Convalescent Hospital was awaiting transfer to a Special School for the Physically Handicapped.
 Four children were attending at the Swindon Spastic Unit.
 Three children were receiving home tuition at the end of 1955.

9. **Pupils suffering from Speech Defect** (that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment). No children have been ascertained as handicapped on account of speech defect.

10. **Delicate Pupils** (that is to say, pupils not falling under any other category in this Regulation, who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools).

One girl aged 15 classified under this category has been a pupil at Hutton Residential School since January, 1949.

SPASTIC PARALYSIS

The Spastic Unit continued to function in the Regional Hospital Board's premises at the Physiotherapy Department, Community House, Faringdon Road.

At the end of 1955 there were seven pupils on the roll, four being Swindon children and three from the surrounding areas. These children mostly attended for the whole day, five days a week.

The Ministry has still not granted recognition of this unit as a special school or class so that the children attending cannot obtain school meals at reduced prices, or school milk, which are at present being subsidised by the Swindon and District Hospital Management Committee.

The services of the Consultant in Physical Medicine, Dr. J. B. Stewart, and his staff, are available to the children attending the Unit. The Speech Therapist for the Swindon and District Hospitals attends daily to give treatment to the children. The parents of the children attend voluntarily in rotation to help in the general management of the children.

PHYSICAL WELFARE OF CHILDREN

Milk in Schools Scheme.

The results of a survey taken on one day in October, 1955, are as follows (figures in brackets represent a similar survey, taken on one day in October, 1954).

Survey taken on one day in October, 1955.

Total number primary children taking milk 6,502, representing 89.32% of children attending school at the time. (6,103 representing 84.9%)

Total number secondary children taking milk 3,159, representing 73.2% of children attending school at the time. (2,686 representing 68%.)

Total number Central Primary children taking milk, 60 representing 93.75% of children attending school at the time (50 representing 90.9%.)

Number of school departments supplied is 39.

All milk supplied to schools is pasteurised and samples are examined at regular intervals, and any complaints regarding it are reported for action.

MEALS IN SCHOOLS

I am indebted to the Education Officer for the following details of the numbers of school children having school meals.

	1954	1955
Number of school canteens	25	30
Number of children taking meals	2,132	2,518
Number of children taking free meals	182	123

A RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1955, WITH COMPARABLE FIGURES FOR 1954

Defect or Disease.	Periodic Inspections. Number of Defects.				Special Inspections. Number of defects.			
	Requiring treatment.		Requiring to be kept under observation but not requiring treatment.		Requiring treatment.		Requiring to be kept under observation but not requiring treatment.	
	1955	1954	1955	1954	1955	1954	1955	1954
Skin	91	43	114	60	387	409	7	2
Eyes:								
(a) Vision	422	363	147	68	120	119	12	—
(b) Squint	28	48	26	2	1	—	—	1
(c) Other	15	9	12	14	65	97	—	—
Ears:								
(a) Hearing	10	8	32	12	10	12	—	—
(b) Otitis Media	9	7	39	10	—	—	—	—
(c) Other	15	3	31	19	94	230	—	—
Nose or Throat	110	57	348	316	134	199	13	—
Speech	46	8	75	32	10	5	7	5
Cervical Glands	15	26	206	237	29	63	—	3
Heart and Circulation	20	6	98	119	5	6	3	3
Lungs	56	26	159	112	13	8	6	8
Developmental:								
(a) Hernia	4	5	16	1	1	2	—	3
(b) Other	8	7	49	51	8	5	19	5
Orthopaedic:								
(a) Posture	114	30	191	16	15	1	10	1
(b) Flat foot	59	19	127	22	10	—	11	1
(c) Other	56	55	142	107	11	2	7	6
Nervous system:								
(a) Epilepsy	9	1	8	8	1	2	1	2
(b) Other	2	3	28	52	4	8	8	11
Psychological:								
(a) Development	3	4	5	5	3	6	—	—
(b) Stability	11	2	40	23	3	6	1	3
Other	18	8	71	69	266	519	8	13

CHILD GUIDANCE SERVICE—SWINDON CLINIC, 1955

Regular sessions have been held by the Child Guidance Service at 81 Bath Road, Swindon, on Thursday in each week, apart from short breaks during the school holidays, as mothers usually find it difficult to attend if they have several children at home from school.

The members of the Child Guidance team have been:—

Dr. K. C. P. Smith	...	...	Consultant Psychiatrist
Mr. H. R. Melrose	...	...	Educational Psychologist
Mrs. N. Varga (<i>nee</i> Comber)			Psychiatric Social Worker
Mrs. M. Hardaker	...	...	Secretary

Mrs. Varga returned in October, after completing the Mental Health Certificate course at the London School of Economics, London University. During the months February to September, Miss S. Heimler, Social Worker, temporarily filled Mrs. Varga's place, and has now proceeded to Edinburgh University to undertake the Mental Health Certificate course.

As in previous years, children from the county areas of Highworth, Stratton, Marlborough, Calne, Wootton Bassett and Malmesbury have also attended at the Centre, but their number and disposal are not included in this report.

Number of Children Referred

In 1955, the Principal Borough School Medical Officer referred 38 new children to the Centre, all of whose homes were visited by the Social Workers. Later they were seen by the Psychologist, and 35 of them were passed to the Consultant Psychiatrist. In the course of the year he has discharged six as improved, one was considered as a consultation only, and 28 will be carried forward to 1956 for further treatment. The three children not seen by the Psychiatrist had educational and learning difficulties, and two of these will be seen again by the Psychologist in 1956, the third having improved satisfactorily.

As previously mentioned in last year's report, 33 children (13 from 1952 and 1953, 20 from 1954) were considered to require further treatment in 1955. Of these, six of the 13, and eight of the 20 have been discharged as improved, and the remaining 19 will be attending the Centre in 1956. Thus, in all, 49 children (19 + 28 + 2) will make further attendances in 1956.

During 1955, the Psychiatrist carried out 155 therapeutic interviews with children and their parents, usually their mothers. The Psychologist undertook 82 interviews for the assessment of intelligence and educational attainments, with subsequent remedial sessions. The Social Workers, in addition to making initial and follow-up home visits, have supervised 60 play observation sessions.

It will be observed that a few more children were referred than in 1954. In view of the increasing population of the Borough, with the consequent social problems which may arise on new housing estates, the number of referrals of children with emotional and educational problems may tend to rise in subsequent years.

Children's Problems.

The problems for which the 38 children were referred are summarised under the following headings and may be compared with 1954.

	1955.	1954.
1. Nervous disorders	4	2
2. Habit disorders and physical symptoms	8	9
3. Behaviour disorders	22	13
4. Educational and vocational difficulties	4	9
	<hr/> 38	<hr/> 33

The main increase in referrals is in Behaviour disorders, which usually includes such symptoms as described in the recent Report by the Committee on Maladjusted Children, issued by the Ministry of Education in October, 1955, viz., unmanageableness, defiance, disobedience, refusal to go to school or work, temper, aggressiveness, bullying, destructiveness, cruelty, jealous behaviour, demands for attention, stealing and begging, lying and romancing, truancy-wandering, staying out late, sex difficulties.

Ages of Children.

The distribution of the ages of the 38 children referred is as follows:—

Ages:	2 years and under	3	4	5	6	7	8	9	10	11	12	13	14	15	16 and over	Total	Year.
Children	1	0	1	2	4	4	5	4	2	6	1	5	3	0	0	38	1955
Children	0	1	4	2	7	3	2	4	2	4	0	0	2	2	0	33	1954

This year more children aged 13 were referred than previously.

Intelligence of Children.

The distribution of intelligence of the 38 children referred is:—

I.Q.	BELOW AVERAGE			AVERAGE		ABOVE AVERAGE			TOTAL	YEAR
	54 and below	55-70	71-85	86-100	101-115	116-130	131-145	145 and over		
Children	0	3	4	15	13	2	1	0	38	1955
Children	1	5	4	14	7	1	1	0	33	1954
Percentages	0	8	10	40	34	5	3	0	100	1955
Percentages	3	15	12	43	21	3	3	0	100	1954

BELOW AVERAGE

18%
30%

AVERAGE

74%
64%

ABOVE AVERAGE

8%
6%
1955
1954

It will be noted that the emphasis has moved from the Below Average to the Average Group of intelligence among the children referred. This tendency is helpful from the treatment point of view, as children of average and above average intelligence are likely to profit more from therapy, whereas children of below average intelligence primarily require special educational treatment in day or residential special schools.

Conclusion.

The thanks of the Child Guidance Team are again due to Dr. James Urquhart, Principal Borough School Medical Officer, and his staff, and to all the Head Teachers in the Borough, for their ever-ready assistance and co-operation.

SCHOOL DENTAL SERVICES.

Mr. Yates was appointed full-time dental surgeon in February, 1955, and Mr. Randerson continued in his part-time capacity. A small number of periodic dental inspections only were possible as the time available was occupied with treatment.

Two evening sessions weekly were held by Mr. Yates and these were well attended.

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS.

The Mass Radiography Unit visited Swindon in 1955, and facilities for examination were offered to all the senior pupils attending schools in the Borough. The number of children examined and the results are shewn in the following table:—

Number of children aged 14 and upwards on the school rolls	...	2,582
Number of children examined	... ..	2,425
Percentage response	... ..	93.9%
Number of children recalled for full-size X-ray	... ..	58
Number of children recalled for clinical examination	... ..	11
Number of cases of tuberculosis found	... ..	1

The vaccination of children of the 13—14 age group against Tuberculosis using B.C.G. vaccine was carried out in 1955.

The parents of all children of this age group were circularised and the nature and the advantages of B.C.G. Vaccination were explained in a leaflet. All schools were visited, and through the co-operation of the Head Teachers it was possible for a doctor to give a short talk on the subject of Tuberculosis and its prevention to the children concerned.

Permission was obtained for vaccination from the parents of 865 children. As a result of Tuberculin Testing it was found that 142 had already some protection against tuberculosis and vaccination was not therefore necessary; 723 children were vaccinated with B.C.G.

All these children were followed up six weeks later and a further test showed that they were now protected against Tuberculosis.

MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION.

In accordance with Ministry of Education Circular 249, candidates applying for admission to training colleges are examined by the School Medical Officers of the areas where they live.

During 1955, 34 examinations of such candidates were carried out by the School Medical Officers in Swindon.

THE CHILDREN ACT, 1948.

Boarded-out children attending school in the Borough are examined annually by the School Medical Officers as required by the Act.

During 1955, 28 such examinations were made.

SCHOOL PREMISES.

School premises, including school meal kitchens, are inspected by the Medical Officers at the conclusion of routine medical inspections. Any defects noted are reported to the Education Committee.

APPENDIX

Clinics provided directly by the Education Authority and under arrangements with Regional Hospital Boards.

Type of Clinic.	Treatment or Examination provided by Education Committee.	
Child Guidance ...	<p>Trowbridge: County Council Clinic Mondays, 10 a.m. to 5 p.m.</p> <p>Salisbury: St. John Ambulance Brigade Headquarters. Alternate Tuesdays, 10 a.m.—4 p.m.</p>	<p>Swindon: 81 Bath Road. Thursday, 10 a.m.—4 p.m.</p>
Dental	<p>Bradford-on-Avon: Lambert Memorial Hall 1st and 3rd Thursday, 2 p.m.</p> <p>Chippenham: The Grammar School, Malmesbury Road. Tuesday, 1.30 p.m.</p> <p>Corsham: County Council Clinic, Fuller Avenue. 1st and 3rd Friday, 2 p.m. Saturday, 10 a.m.</p> <p>Devizes: St. James's Home. 1st and 3rd Friday, 2 p.m. Saturday, 10 a.m.</p> <p>Marlborough: 118 High Street. Friday, 2 p.m. Saturday, 10 a.m.</p> <p>Mere: The Lecture Hall, Salisbury Street. 2nd and 4th Friday, 2 p.m.</p>	<p>Salisbury: The General Infirmary. Monday, a.m. Meyrick Close, Coombe Road. Tuesday and Saturday, 10 a.m.</p> <p>Swindon: County Council Clinic, 15 Milton Road. Saturday, 10 a.m., 1st and 3rd Fri., 2 p.m.</p> <p>Trowbridge: County Council Clinic, The Halve. 1st and 3rd Wednesday, 2 p.m. Saturday, 10 a.m.</p> <p>Warminster: Congregational Lecture Hall, The Close. Friday, 9.30 a.m. Saturday, 10 a.m.</p> <p>West Lavington: West Lavington School. 1st and 3rd Friday, 2 p.m.</p>
Minor Ailments ...	<p>Salisbury General Infirmary. Monday, Thursday and Friday, 9 a.m.—10 a.m. Wednesday morning from 9 a.m. Monday to Friday by appointment after 4 p.m.</p>	<p>Trowbridge: County Council Clinic, The Halve. Tuesday, 10 a.m.</p>
Speech Therapy ...	<p>Amesbury: St. John Ambulance Brigade Headquarters. Friday, 1.30 p.m.</p> <p>Chippenham: Co-op. Hall, Foghamshire Lane. Tuesday, 9.30—10.30 a.m. Wednesday, 1.30 p.m.</p> <p>Corsham: Fuller Avenue. Wednesday, 9.30 a.m.</p> <p>Devizes: Community Centre. Wednesday, 9.30 a.m.</p> <p>Malmesbury: Secondary Modern School. Thursday, 1.30 p.m.</p> <p>Marlborough: Congregational Church Rooms. Wednesday, 1.30 p.m.</p>	<p>Melksham: Old Bank House. Monday, 1.30 p.m.</p> <p>Mere: Lecture Hall. Friday, 1.30 p.m.</p> <p>Salisbury: St. John Hall, 72 Fisherton Street. Tuesday, 10 a.m.; 1.30 p.m. Friday, 10 a.m.</p> <p>Trowbridge: County Council Clinic, The Halve. Thursday, 1.30 p.m.</p> <p>Warminster: George Street. Friday, 9.30 a.m.</p>

Type of Clinic.	Treatment or Examination provided by arrangements with Regional Hospital Boards.	
Heart	Corsham: County Council Clinic, Fuller Avenue. Arranged as necessary on a Friday, 2.30 p.m.	Swindon: Victoria Hospital. Arranged as necessary on a Monday, at 2.30 p.m.
	Salisbury General Infirmary. Arranged as necessary on a Wednesday, 2 p.m.	Trowbridge: County Council Clinic, The Halve. 4th Monday in month, 2.30 p.m.
	Savernake Hospital. Arranged as necessary on a Monday, 2 p.m.	
Ophthalmic	Chippenham and District Hospital. Tuesday, 10 a.m.	Salisbury General Infirmary. Tuesday, 1 p.m. Wednesday, 9 a.m.
	Corsham: County Council Clinic, Fuller Avenue. Monday, 10.30 a.m. and 1 p.m.	Swindon: Ophthalmic Dept., Community House, Faringdon Road. Wednesday, 9.30 a.m.
	Devizes and District Hospital. Monday, 2.10 p.m.	Trowbridge: County Council Clinic, The Halve. Monday, 10.30 a.m. and 1 p.m.
	Malmesbury and District Hospital. 1st and 3rd Fridays in the month, 3 p.m.	Warminster: Methodist Schoolroom, George Street. 2nd, 4th and 5th Friday in month, 2.30 p.m.
	Marlborough Children's Convalescent Hospital. Tuesday (1st and 3rd in month), 2.30 p.m.	
Orthopaedic	Calne: The Surgery, 1 London Road. Surgeon attends 3rd Tuesday at 10.30 a.m. Sister attends every Tuesday at 10.30 a.m.	Malmesbury and District Hospital. Surgeon attends 1st Thursday in month, 10.30 a.m. Sister attends 1st and 3rd Thursday, 2.30 p.m.
	Chippenham: Parish Church Rooms. Corsham: County Council Clinic, Fuller Avenue.	Salisbury General Infirmary. Surgeon attends each Wednesday (morning and afternoon).
	These two clinics are run in conjunction with each other. Surgeon attends at one or other on 2nd Wednesday in month. Sister attends at each Clinic every Wednesday.	Swindon: Casualty Department, G.W.R. Hospital, Taunton Street. (In place of St. Margaret's Hospital, Stratton St. Margaret). Surgeon attends 1st and 3rd Tuesday, 10.30 a.m. Sister attends every Tuesday, 10.30 a.m.
	Devizes: Scouts' Hall. Surgeon attends 3rd Thursday in month, 10.15 a.m. Sister attends 2nd and 4th Thursday, 10.15 a.m.	Trowbridge: County Council Clinic, The Halve. Surgeon attends 4th Friday in month, 10.30 a.m. Sister attends every Friday, 10.30 a.m.
		Warminster: District Hospital. Surgeon attends on 1st Monday in month, 10.30 a.m. Weekly clinics held by After-Care Sisters.

Type of Clinic.	Treatment or Examination provided by arrangements with Regional Hospital Boards.	
Ear, Nose and Throat	Chippenham and District Hospital. Thursday, 3.15 p.m.	Salisbury General Infirmary. Tuesday, 9.30 a.m. Wednesday, 10 a.m.
	Corsham: County Council Clinic, Fuller Avenue. 2nd and 4th Saturdays in month, 9.45 a.m.	Savernake Hospital. 2nd, 3rd and 4th Fridays, 2.30 p.m.
	Devizes and District Hospital. 2nd & 4th Wednesday in month, 10.45 a.m.	Swindon Victoria Hospital. Wednesday, 2.30 p.m.
	Malmesbury and District Hospital. 2nd Thursday, 9.30 a.m.	Trowbridge: Trowbridge and District Hospital. 1st, 3rd and 5th Monday in month, at 9.30 a.m.
	Melksham and District Hospital. 1st Wednesday in month, 3.15 p.m.	2nd and 4th Thursday in month at 9.30 a.m.

N.B.—Children for examination at these Clinics should be referred through the Principal School Medical Officer. Eye clinics and heart clinics are held *as required* on the days and at the times stated in the table, and are not regular, fixed sessions. The dental clinics listed in the table are the normal regular sessions for special and emergency cases. The premises are, however, used also by the dental officers when they are carrying out the routine treatment of children from schools in the neighbourhood.

